

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



CERTIFICATE OF DEATH

Died at

Lansdowne

Town

County

Baltimore

MARYLAND

Date  
of death

1909

Month

Oct

Day

14

Age

Years

Months

Days

Sex

Male

Color or  
Race

white

Birth-  
place

Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Geo. Adams

Father's  
Birthplace

Bald M

Mother's  
Maiden Name

Lucy Footee

Mother's  
Birthplace

Bald M

Name of person giving  
Information

Geo Adams

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Premature Birth

15h

How long

1 day

Immediate

"

"

How long

1 "

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Geo. L. M. Kieffer

Monroe Park

Address

Bald Co. Md

Accident or Suicide?

10

M. Fairk  
Ball Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Edgana C Almunt

Town

County

MARYLAND

Died at

Reisterstown

Balto

Date  
of death

Month

Day

Years

Months

Days

190

9 Oct

20

Age

84

—

—

Sex

Female

Color or  
Race

white

Birth-  
place

Fredericksburg

Occupation

House wife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widow

Name of Wife or  
Husband

Geo R w. Almunt

Father's  
Name

Charles

Goodwin

Father's  
Birthplace

Fredericksburg

Mother's  
Meiden Name

Janet G Barnichel

Mother's  
Birthplace

Fredericksburg

Name of person giving  
Information

Charles G Almunt

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Paralysis

66

✓

18 mos

Immediate

Hypostatic Congestive Pneu

How long

10 days

Are the name, age, sex, color, date  
and place correctly given above?

Jas

Signature of  
Physician

Address

A M Slade

Reisterstown Md

J

Accident or Suicide

8300  
LCC

1	2	2	0
0	5	0	0
6	7	7	1

Name  
in  
Full

John T. Ambrose

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND	
Died at Hyde	Month	Day	Year	Month	Days
Date of death 1909 Oct.	7	Age 61	4	✓	
Sex Male	Color or Race white	Birth-place Md.			
Occupation Black Smith	Where Residing if not at place of death Same				
Married, Single or Widowed Married	Name of Wife or Husband Catherine Ambrose				
Father's Name George Ambrose	Father's Birthplace Md.				
Mother's Maiden Name Mary Shifley	Mother's Birthplace Md.				
Name of person giving Information Lydia Ambrose	How related to deceased Daughter				

CAUSES OF DEATH

cervical

29

PHYSICIAN  
OR CORONER

Primary

Tuberculosis of the glands

Nine months

Immediate

Intestinal tuberculosis

Two months

Are the name, age, sex, color, date  
and place correctly given above?

Yes

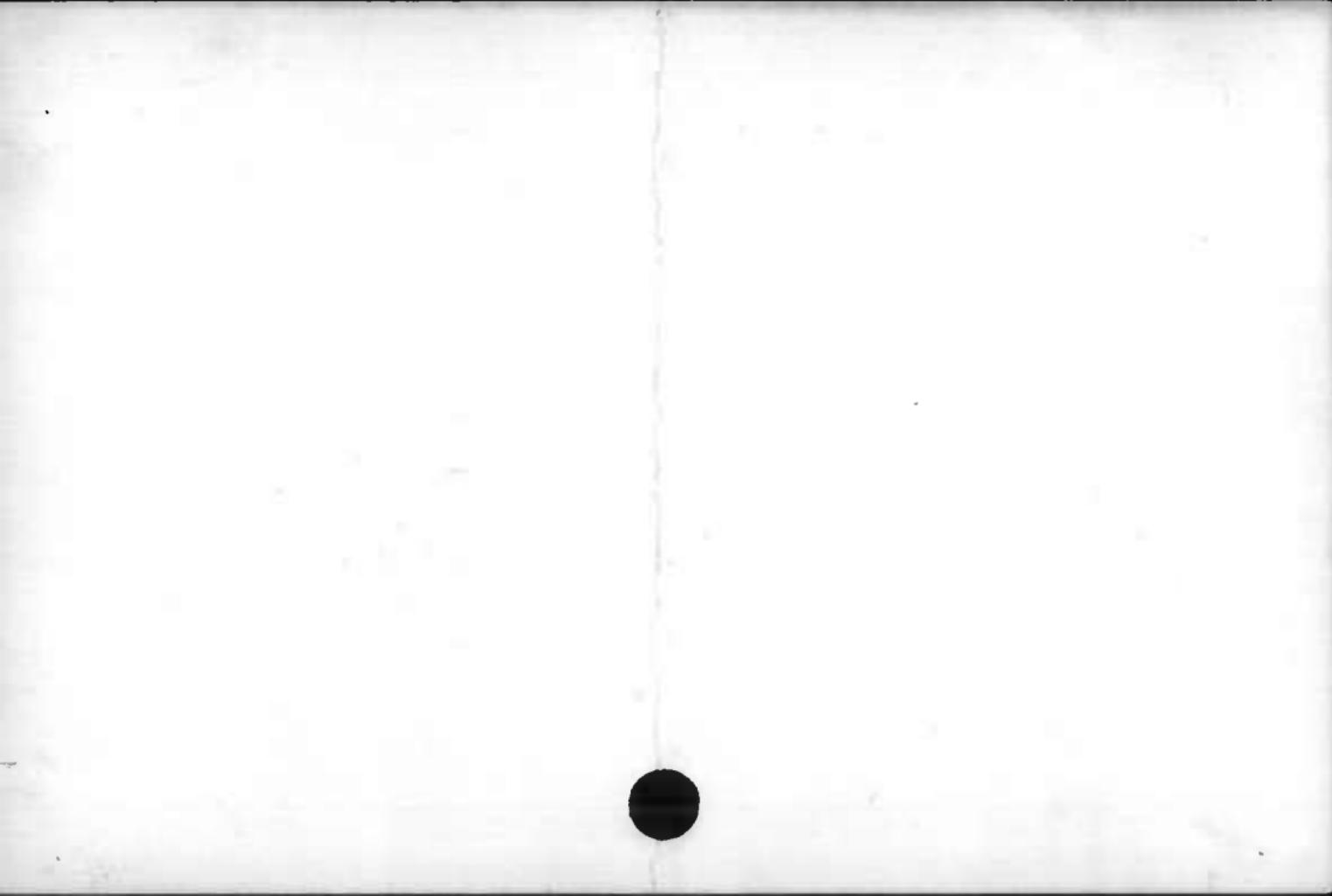
Signature of  
Physician

Address

John A. Sheen,  
Gillings,  
Md. //

J

Accident or Suicide



Name  
in  
Full

Harry Stanley Andrew

Town

County

Roland Park

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Date of death 1909 Month Oct Day 7

Years

Age

Months

Days

Sex Male

Color or Race

White

Birth-place

Baltimore Md.

Occupation None

Where Residing if not at place of death

Roland Park Md

Married, Single  
or Widowed

Singh

Name of Wife or Husband

None -

East New Market  
Worcester Co. Md

Father's Name

Harry Stanley Andrew

Father's Birthplace

Mother's Maiden Name

Lily May Satten

Mother's Birthplace

Name of person giving Information

Baltimore Md

How related to deceased

Mother

CAUSES OF DEATH

Primary

Whooping Cough

8

How long

+ 1/2 months

Immediate

Bronch. Pneumonia Lymphadenitis

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

M. Gibson Porty

Address

414 Woodlawn Road  
Roland Park Md

PHYSICIAN  
OR CORONER



Accident or Suicide

Koudent Park  
Oct. 9/1909  
Waukooz  
5028 North Dr

Name  
in  
Full

Elena Baker  
Rospeburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Age	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widewed	Name of Wife or Husband		
Father's Name	Alfred Baker	Father's Birthplace	Va.
Mother's Maiden Name	Fannie Gray	Mother's Birthplace	Md.
Name of person giving Information	Fannie Barnes	How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

27

How long

About 1½ yrs.

Immediate

Exhaustion

How long

Several months.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address



G. L. Wilkinson  
Rospeburg, Md.



Accident or Suicide

Neither.

Dowdew Shaple

Name  
in  
Full

Stephen Ball

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town	County	MARYLAND
Died at Mt. Hope Rehavia	Balto Co	
Date of death 1909 Oct	Month Month	Day Day
Age 72	Years	not known, not known
Sex Male	Color or Race White	Birth-place Va.
Occupation Black Smith	Where Residing if not at place of death Balto Co - Woodlawn	
Married, Single or Widowed Widowed	Name of Wife or Husband not known	Father's Birthplace not known
Mother's Maiden Name not known		Mother's Birthplace not known
Name of person giving Information		How related to deceased

CAUSES OF DEATH

Primary

Mania Senile

154

✓

Immediate

Cardiac & Senile - over six mos.

Are the name, age, sex, color, date and place correctly given above?

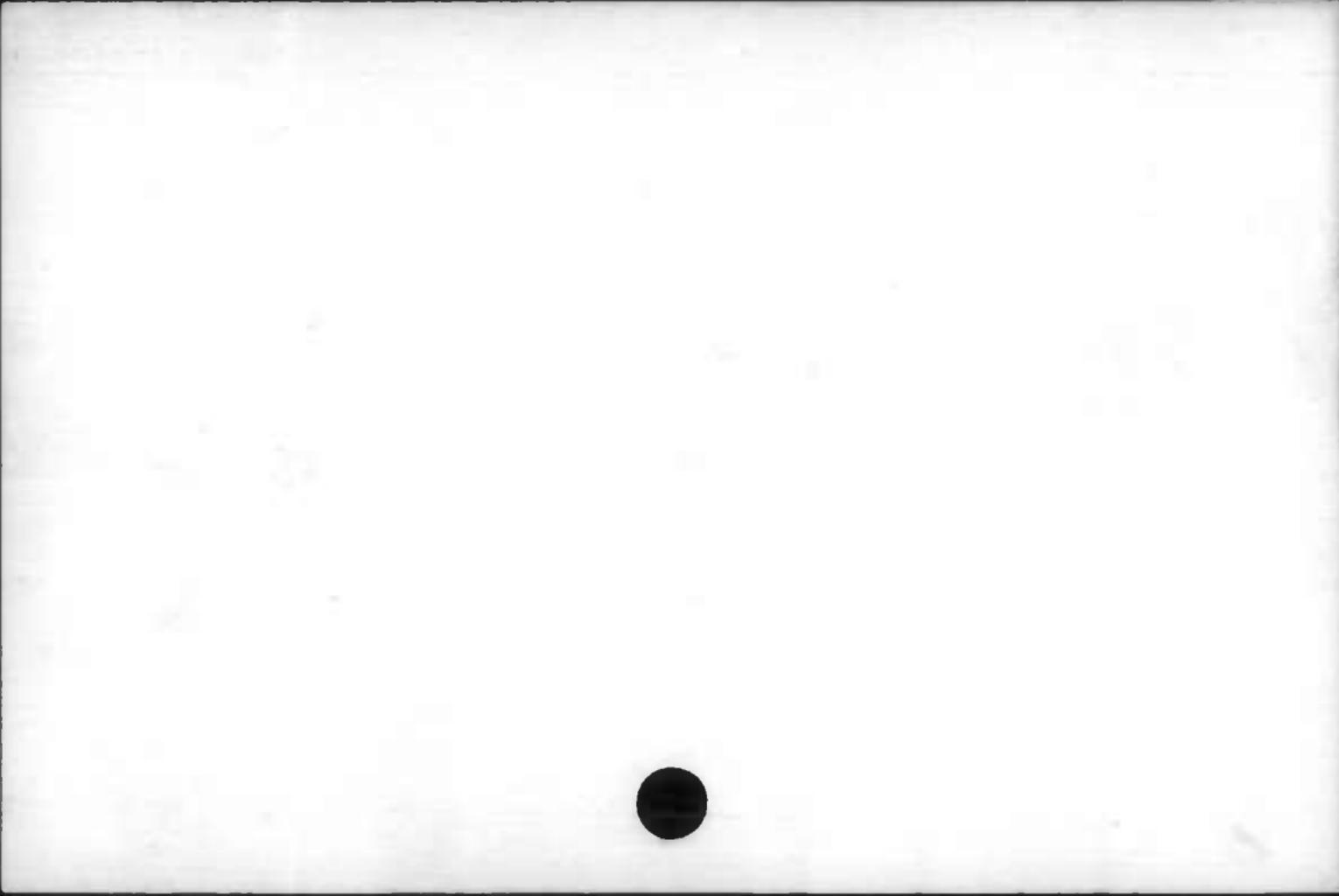
yes

Signature of Physician

Address

Frank J Flannery  
Mt. Hope Rehavia  
Balto Co Md.

Accident



Name  
in  
Full

Marjorie R. Barrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town Parkton Balt County

MARYLAND

Date

of death 1909

Month Oct

Day 22

Years 5-

Months 3-

Days 3-

Sex Female

Color or  
Race

white

Birth-  
place

Balt. Md

Occupation

Where Residing if not  
at place of death

Parkton Md

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Jacob R. Barrett

Father's  
Birthplace

Md

Mother's  
Maiden Name

Suzie E. Wilhelm

Mother's  
Birthplace

Md

Name of person giving  
Information

Sabra Wilhelm

How related  
to deceased

Sister

9

How long

10 days

How long

24 hrs

Primary

Membranous Croup

Immediate

Heart Failure

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

R. R. Morris  
Parkton  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide

St Marys / Hampden  
Oct 1909

W<sup>m</sup> E. Chenoweth Son  
3615 & 3617 Chestnut Ave  
Baltimore

Name  
in  
Full

Elizabeth Bartenfelder

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date of death

Month

Day

Years

Months

Days

1909

10

11

87

11

18

Age

Sex

Female

Color or  
Race

white

Birth-  
place

Germany

Occupation

Housewife

Where Reiding if not  
at place of death

Rossville Md

Married Single  
Widowed

Name of Wife or  
Husband

John V Bartenfelder

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
deceased

J. Redner

Zyrikowen

August Bartenfelder

Daughter

CAUSES OF DEATH

154

How long

Primary

Severe Dementia and  
General debility 2 years

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

PHYSICIAN  
OR CORONER



Accident or Suicide

St Peter Cemetery

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



CERTIFICATE OF DEATH

Name in Full		Unnaeuse Gasterfelter		Brossweier Bales		County		MARYLAND	
Died at	Town	Month	Day	Years	Months	Days			
Date of death	1909	Oct	17	Age					
Sex	Male	Color or Race		Where Residing if not at place of death					
Occupation									
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace					
Father's Name		John Bartenfelter		Mother's Birthplace					
Mother's Maiden Name		<del>Maggie Miller</del>		How related to deceased					
Name of person giving Information		Sophie Bales		(S)	How long				
CAUSES OF DEATH									
Primary	Still Birth								
Immediate									
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	How long					
Address									
Incident or Suicide									
Signature of Physician									
Bessie Bales Brossweier Md									

Frederick Lassekin  
El Jans

Entomment

St Peter's Cemetery

Name  
in  
Full

Wm. J. Bear.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Md.
Occupation	Where Residing at place of death 1304 First St.				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	J. Wm. Bear				
Mother's Maiden Name	Ella Toler				
Name of person giving information	J. Wm. Bear				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Enteritis

105

How long

10 days

Immediate

Convulsions

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Wm. D. Jones  
3419 Elliott St.

J

Accident or Suicide?

Trinity Bern.

Oct. 11-09

---

Zurkla & Zurkla

1739 E. Eager St.,

Name  
in  
Full

George Beck

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Texas	Baltimore.			
Date of death	Month	Day	Years	Months	Days
1904	Oct.	17	Age 80	3	22
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Farmer	Where Residing if not at place of death			Baltimore Co Alumeho
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	Germany
Father's Name	John Beck	Mother's Maiden Name	Margaret Hauser	Mother's Birthplace	Germany
Name of person giving Information	Register Alumeho	How related to deceased	None		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chronic Endocarditis

79

L

How long

4 years

Immediate

Aphrodisia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

William C. Eversfield  
Cockeysville  
Md.

Accident or Suicide

No

John Burns Sons  
Tours or  
Instrument  
Act.  
John Hopkins Hos.

Name  
in  
Full

Katherine Reinhard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Breath	Two	County	MARYLAND		
Died at	Star Sinai Cem.	Baltimore	Month	Month	Days
Date of death	1909 Oct	25	Age	74	9 28
Sex	Female	Color or Race	White	Birth-place	Germany
Occupation	Cem. Keeper.	Where Residing if not at place of death	Star Sinai Cem	Valentine Reinhard	Germany
Married, Single or Widowed	Widowed	Name of Wife or Husband	Unknown	Father's Birthplace	Germany
Father's Name	—	Mother's Maiden Name	Unknown	Mother's Birthplace	"
Name of person giving Information	Harry S. Tov.	How related to deceased	None		

CAUSES OF DEATH

Primary

Atherosclerosis

64

How long

Do not know

Immediate

Cerebral Hemorrhage

15 minutes

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Fredrick S. Green M.D.

Address

2827 Calvert St North  
Balto. Md -

PHYSICIAN  
OR CORONER

J. Ahrens & Co  
1607 Madison Ave



J. Ahrens & Co

Jerusalem Jeweler

Babair Road

Name  
in  
Full

Beauregard Blankner  
Town Overlea County Baltimore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date  
of death

1909

Month

Oct 3

Day

Years

Age 47

Montha

MARYLAND

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Richmond

Occupation

Candy Maker

Whara Residing if not  
at place of death

Overlea

Married, Single  
or WidowedMarried Name of Wife or  
Huaband Anne BlanknerFather's  
Name

John Blankner

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Anne Stow

Mother's  
Birthplace

Germany

Name of person giving  
Information

Anne Blankner

How related  
to deceased

Wife

PHYSICIAN  
OR CORONER

Primary

Aortic Regurgitation

79

How long

10 Years

Immediate

Cardiac Dilatation

How long

several days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

A. J. Wilkinson

Rosedale, Md



Accident or Suicide

heathier

18

Western Gem.

Wednesday 2 P.M.

W<sup>n</sup> Cook.

502 S. North ave.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at

Baltimore County  
Baltimore Landeddore

CERTIFICATE OF DEATH

MARYLAND

Date of death 1909 Month 10 Day 11 Age 64 Years 5 Months 5 Days 2

Sex

Female

Color or Race

White

Birthplace

Baltimore City

Occupation

Harrow Wash

Where Residing if not  
at place of death

Baltimore

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Wilf Bepst

Father's  
Birthplace

Zephren Hill

Father's  
Name

Wilf Bepst

Mother's  
Birthplace

Redfield Hill

Mother's  
Maiden Name

Rose Courtney

How related  
to deceased

Name of person giving  
Information

Rosy C. Bepst

Daughter

CAUSES OF DEATH

Primary

Aphasy, Confinement

64

How long

3 day

Immediate

Placenta

How long

3 day

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Elswyn Bernard  
708 E. 3rd St.

Accident or Suicide

13

R.D.Turner  
Frederick

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Lela Gertrude Basley

CERTIFICATE OF DEATH

Died at Cockeysville

County Baltimore

MARYLAND

Date of death 1909 Oct Month 9 Day 21

Age 34 Years

Months 6 Days 20

Sex Female Color or Race Colorado

Birth-place Belfast Md

Occupation Cook

Where Residing if not  
at place of death

Married, Single  
 Widowed

Name of Wife or Husband

Divorced

Father's Name John Basley

Father's Birthplace Mt. Cormell

Mother's Maiden Name Ella Johnson

Mother's Birthplace Black Rock

Name of person giving Information Ella Briggold

How related to deceased Mother

CAUSES OF DEATH

47



Primary Rheumatism

How long 6 months

Immediate Endocarditis Acute

How long 5 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr. B. R. Branson

Address

Cockeysville Md

Accident or Suicide?

Funeral at Stevenston  
Chapple Saturday  
23<sup>rd</sup>

M. C. Brook

Name  
in  
Full

Lillian E. Brandt

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	—	5	13	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Charles Brandt			Father's Birthplace	Maryland	
Mother's Maiden Name	Elizabeth Bortner			Mother's Birthplace	Pennsylvania	
Name of person giving Information	Charles Brandt			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Gastric Enteritis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. C. M. Wright

Address

Canton + Odenton Dis.

105

How long

about 6 weeks

about 1 week



Accident or Suicide?

Mount Carmel Barn  
Oct 25/09  
H. Sander owner

Name  
in  
Full

Rhoda V. Braun

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Morell Park	Baltimore	
Date of death	Month	Day	Years
1909	Oct	80	Age 86
Month	Days	7	11
Sex	Color or Race	Birth-place	
Female	white	Dallas, Texas	
Occupation	Where Residing if not at place of death	—	
Housewife	—		
Married, Single or Widowed	Name of Wife or Husband	Wm F. Braun	
Married	Wm F. Braun		
Father's Name	Geo F. Price		
Mother's Maiden Name	unknown		
Name of person giving information	Wm Braun		

CAUSES OF DEATH

138

How long

2 days.

How long

1 hr

PHYSICIAN  
OR CORONER

Primary

Tetanus (puerperal)

Immediate

Cardiac Paralysis

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Geo S. M. Kieffer

Morell Park

Baltimore Co Md

8

Accident or Suicide?

W. J. Wickens  
Western Corn  
Candent Paste

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Theresa Braunschweiger

Died at Town Canton

County Balto.

CERTIFICATE OF DEATH

MARYLAND

Date of death 1909 Oct. 18<sup>th</sup> Age 78 Months 9 Days 12

Sex Female

Color or Race

White

Birth-place

Germany

Occupation

None

Where Residing  
at place of death

1133 Clinton St.

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Joseph Braunschweiger

Father's Name

George Schmidt

Father's Birthplace

Germany

Mother's  
Maiden Name

Barbara

Mother's Birthplace

Germany

Name of person giving  
Information

Barbara Jurs

How related  
to deceased

Daughter

CAUSES OF DEATH

Primary

Fractured skull due to fall

(164)

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

W.S. Suddeth, Com.  
3342 E. Baltimore

Accident or Suicide

Lilly and Zeiler  
Undertakers

Sacred Heart Cemetery  
Oct 22<sup>nd</sup> 1909

Name  
in  
Full

Rebecca Briesley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Govans	Baltimore		
Date of death	Month	Day	Year
1909	Oct.	10	Age 68
Sex	Color or Race	Birth-place	
Female	white	YORK Pa.	
Occupation	Where Residing if not at place of death	YORK Pa.	
none			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Mother's Birthplace
Single	none	not known	not known
Father's Name		Father's Birthplace	Mother's Birthplace
not known		not known	not known
Mother's Maiden Name		How related to deceased	
not known		none	
Name of person giving Information	5 - Showers York Pa		

CAUSES OF DEATH

64

How long

One week

How long

immediately

Primary

Acute maniacal excitement

Immediate

apoplexy

Signature of Physician

Address

H.S. Carswell and

2 W. 25<sup>th</sup> St

Are the name, age, sex, color, date and place correctly given above?

yes



Accident or Suicide

neither

Place of Burial  
York Pa  
from Coop  
502 E. Market

Name  
in  
Full

Maria Brockman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND			
Died at	Mossopekemah	Baldo Co.	Month	Day	Years
Date of death	1909 Oct	13 <sup>th</sup>	Age	54	not known
Sex	Female	Color or Race	Wife	Birth-place	Germany
Occupation	Wife of Carpenter	Where residing if not at place of death			Baltimore Md
Married, Single or Widowed	Married	Name of Wife or Husband	not known		
Father's Name	not known			Father's Birthplace	not known
Mother's Maiden Name	"	"	Mother's Birthplace		
Name of person giving information	Recd. Mossopekemah			How related to deceased	not at all

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chn. Nephritis

How long

unknown

Immediate

Exhaustion - 18 hrs

How long

18 hours -

Are the name, age, sex, color, date and place correctly given above?

Yes

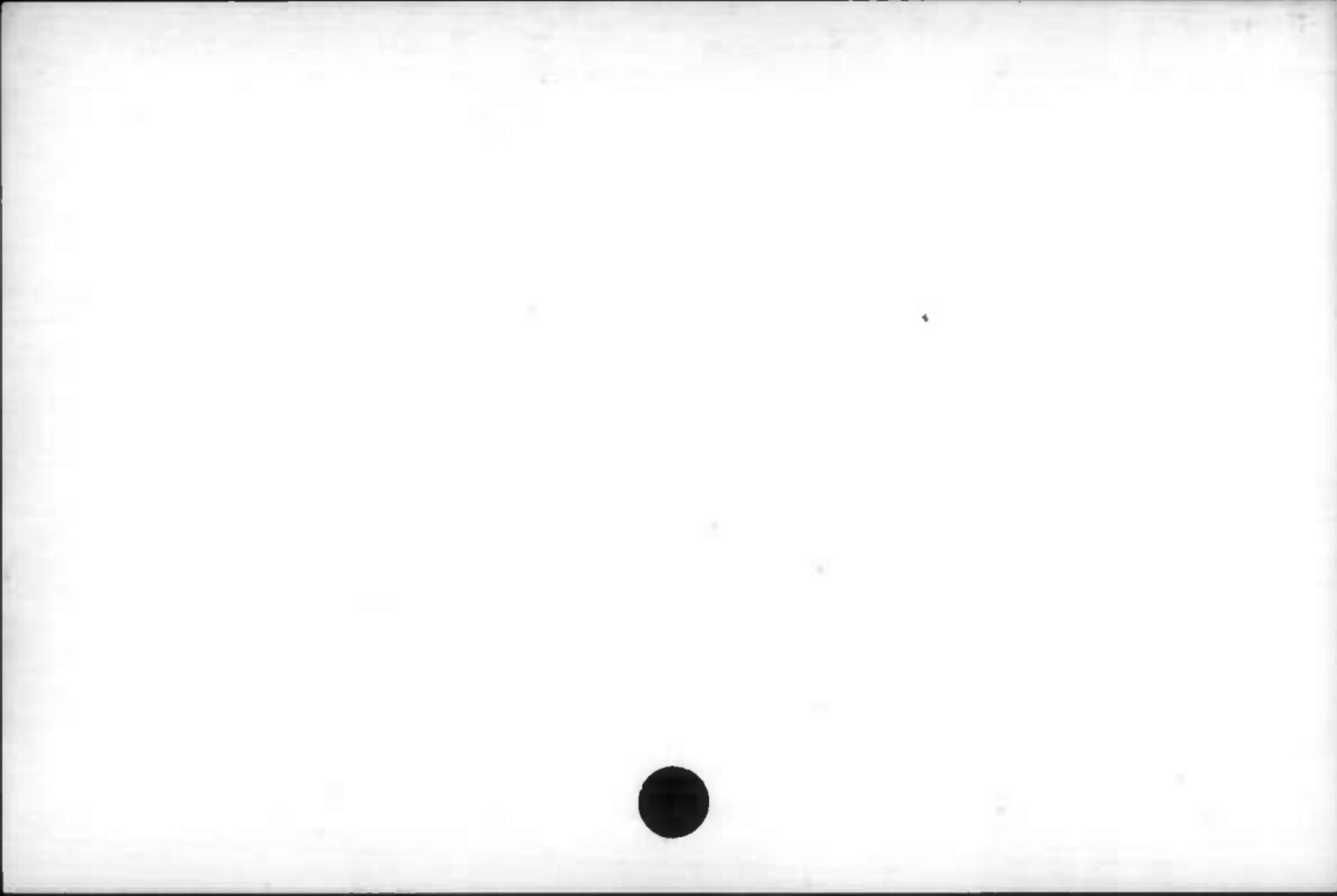
Signature of Physician

Address

Frank J. Flannery

Mossopekemah

Accident or Suicide



Name  
in  
Full

Charles H. Buestner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND				
Died at Arlington	Baltimore					
Date of death 1909	Month Oct.	Day 10	Age 80	Years 0	Months 0	Days 0
Sex Male	Color or Race White	Birth-place Germany				
Occupation Gardener	Where Residing if not at place of death Arlington					
Married, Single or Widowed Widower	Name of Wife or Husband don't know					
Father's Name	does not know	Father's Birthplace	don't know			
Mother's Maiden Name	do not know	Mother's Birthplace	don't know			
Name of person giving Information Noah Kirk	How related to deceased	none				

CAUSES OF DEATH

123

How long

6 or 8 yrs.

How long

immediate

PHYSICIAN  
OR CORONER

Primary

Bladder disease

Immediate

natural causes

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of  
Physician

H. Holliday Emrich

Address

Arlington Md.

J

Accident or Suicide

A. McKendree

Name  
in  
Full

Viola Burke.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Canton

County

Balto.

MARYLAND

Date  
of death

Month  
Oct.

Day  
4<sup>th</sup>

Years

Months  
3

Days  
14

Age

Sex

Female

Color or  
Race

White

Birth-  
place

Balto. City

Occupation

None

Whara Residing if not  
at place of death

3405 Elliott St.

Married, Single  
or Widowad

Single

Name of Wife or  
Huabend

Father's  
Name

Clarence Burke

Father's  
Birthplace

Balto. Cld.

Mother's  
Maiden Name

Josephine Ostrowski

Mothar'a  
Birthplaca

Balto. Cld.  
Mother

Name of person giving  
Information

Clarence Burke

How related  
to deceased

CAUSES OF DEATH

Primary

non closure of foremen rate since birth

150

✓

How long

Immediate

asphyxia

How long

2 days

Are the name, age, aex, colok, data  
and placa correctly given above?

Signature of  
Physician

Address

J. M. Murphy  
Canton + O'Donnell St.

PHYSICIAN  
OR CORONER

Accident or Suicide

J

Sacred Heart Cemetery  
Oct 5<sup>-th</sup> 1909.

Undertakers  
Lilly and Zeiler

Name  
in  
Full

William Thomas Burs

CERTIFICATE OF DEATH

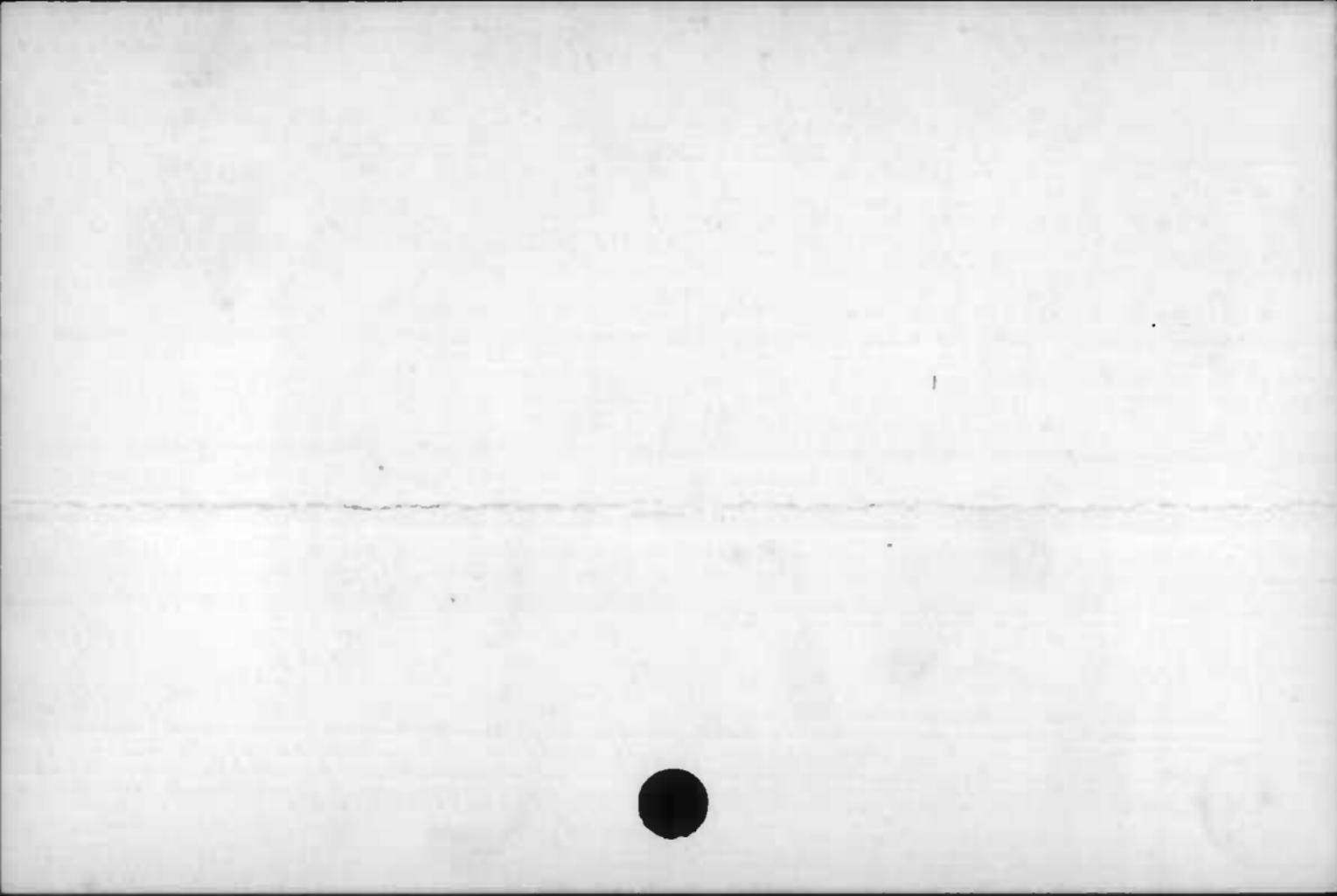
To BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND	
Died at Trump	Baltimore	Months	Days
Date of death 1909 Oct	Day 23	Years 40	
Sex Male	Color or Race White	Birth-place Trump	
Occupation Laborer	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Susan Bosley	Father's Birthplace Baltimore Co.	
Father's Name John Burs	Mother's Maiden Name Mary Ann Wilson	Mother's Birthplace Baltimore Co	
Name of person giving information Joshua L. Slade	How related to deceased none		

CAUSES OF DEATH :

PHYSICIAN  
OR CORONER

Primary Sepsis of face	How long 18 days
Immediate Obstruction gastro-intestinal tract	How long 9 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. Nelson Dunnick
Address Stewartstown Pa.	
Accident or Suicide? 	



Name  
in  
FullTo BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

John L. Butschky						CERTIFICATE OF DEATH
Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	Oct	17	27	8	26	
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	Laborer			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Henry Butschky			Father's Birthplace	Maryland	
Mother's Maiden Name	Henrietta Burgen			Mother's Birthplace	Maryland	
Name of person giving information	Henrietta Butschky			How related to deceased	Mother	
CAUSES OF DEATH						
Primary	Syphilitic Fever			1	V	
Immediate	Myocarditis			How long	3 weeks.	
Are the name, age, sex, color, date and place correctly given above?				How long	2 weeks	
Yes				Signature of Physician	Dr. J. A. Glantz	
				Address	3241 Eastern Ave.	
Accident or Suicide?						

Balls. County

Oct 20. 1909

Hanoverton

Name  
In  
Full

William M. Carl

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Dunmore Ave.</u>		Town <u>Baltimore</u> County <u>Baltimore</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>10</u>	Day <u>11</u>	Age <u>1</u> Years	Months <u>2</u>	Days <u>0</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore Co. Md.</u>				
Occupation <u>Infant</u>	Where Residing if not at place of death <u>Dunmore Ave.</u>					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>Mary Carl</u>					
Mother's Maiden Name	<u>Sabina Rader</u>					
Name of person giving information	How related to deceased					
	<u>Parent</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Congenital Debility

(15)

✓

Since Birth

Immediate

Convulsions

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Yes

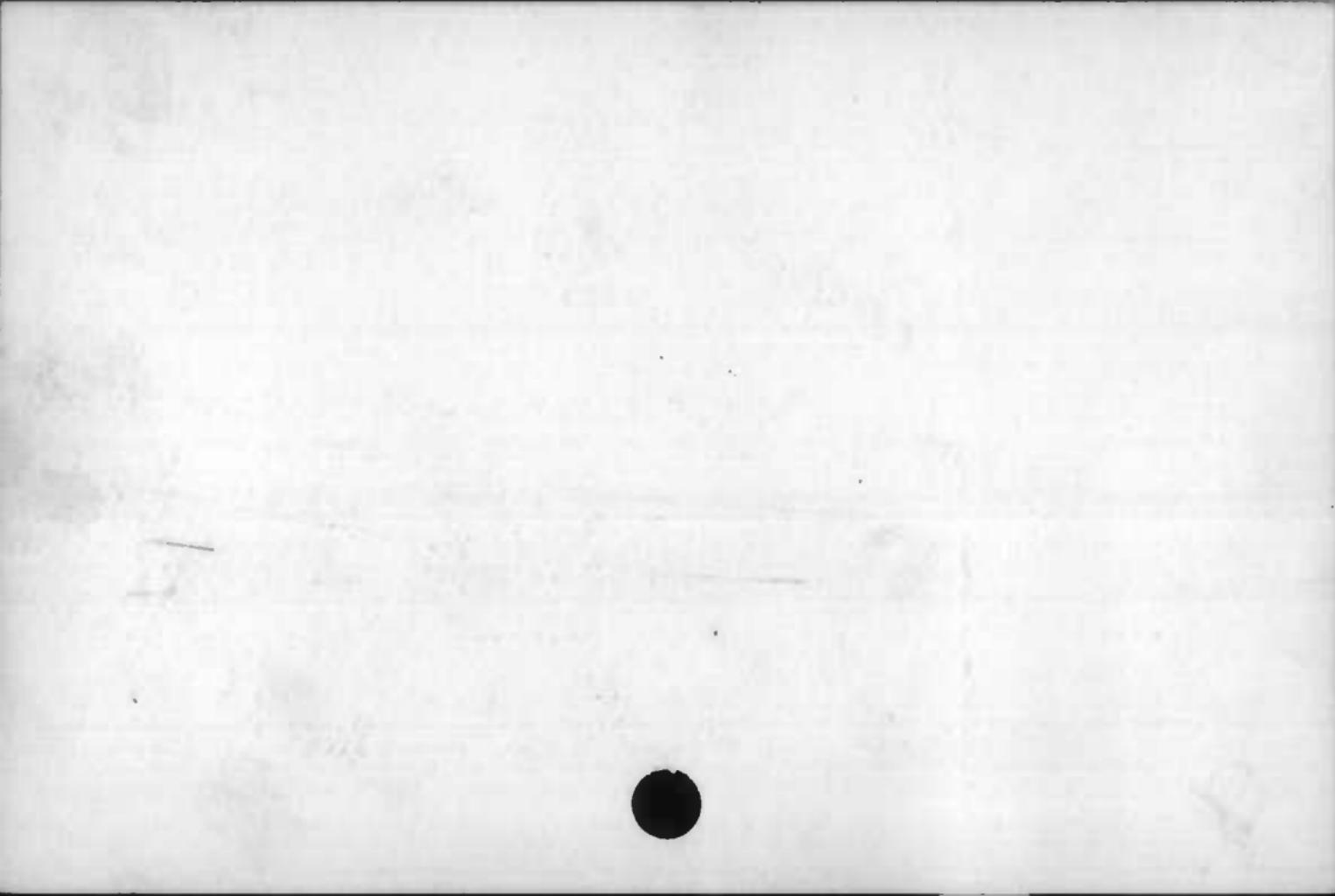
Signature of Physician

Address

Charles H. A. Meyer, M.D.  
1031 N. Caroline St.

Accident or Suicide?

No



Name  
in  
Full

John S Cassell

CERTIFICATE OF DEATH

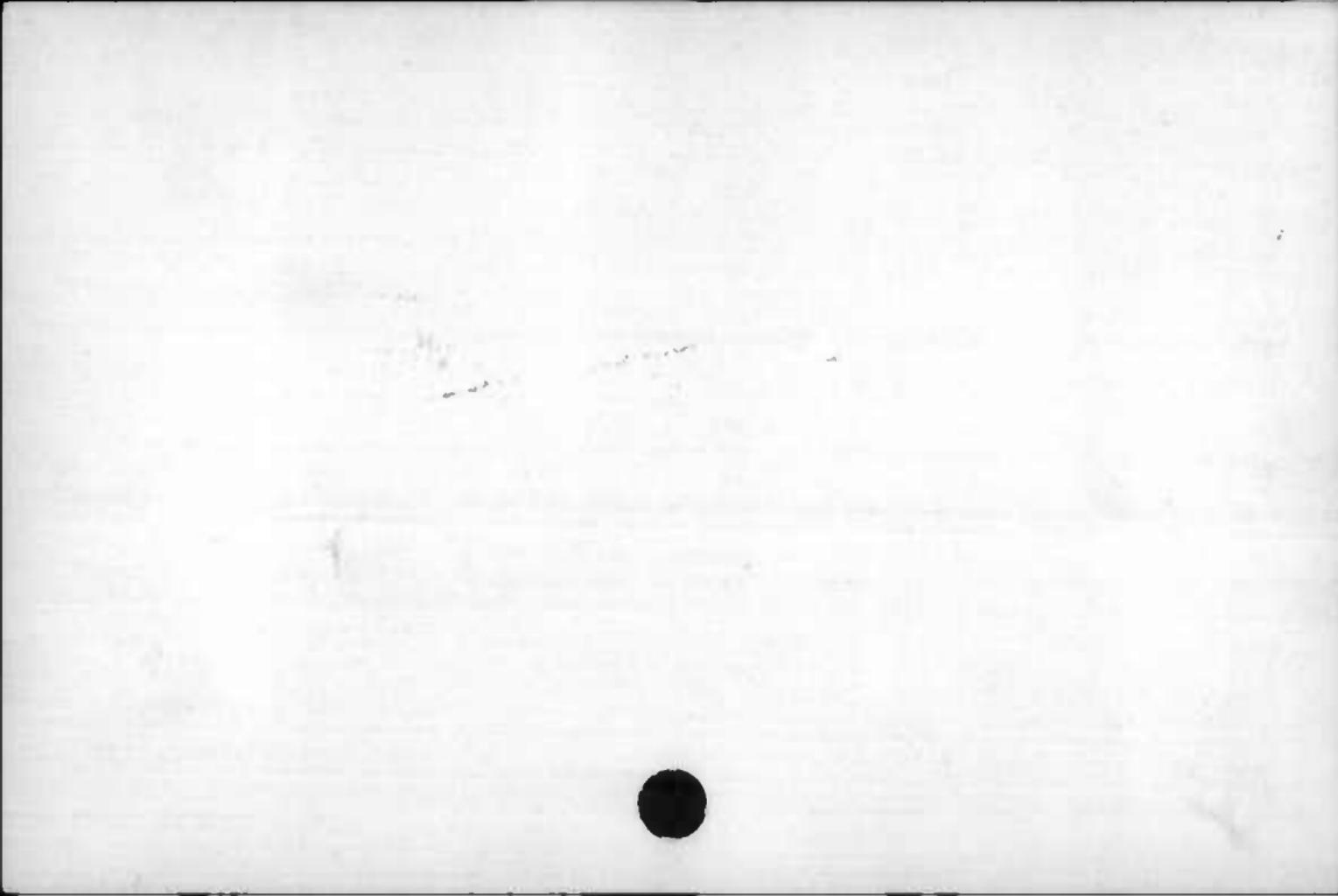
To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month Oct	Day 2	Years 36	Months	Days	
Sex	Male	Color or Race	white		Birth-place	Balto.	
Occupation	Architect		Where Residing if not at place of death		1407 Park Ave.		
Married, Single or Widowed	Married	Name of Wife or Husband	Unknown		Father's Name	Chas. E Cassell Va	
Mother's Maiden Name	Sallie W Bowles				Mother's Birthplace	Va	
Name of person giving Information	Chas. E. Cassell				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Alcoholism	
Immediate	Hysteria Tremens	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	No	Allen Graham M.D. St. Agnes Hospital



Name  
in  
Full

William Chaine

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town		County		MARYLAND	
Died at	Halethorpe	Ballo			
Date of death	1909	Month Oct	Day 24	Age 71	Years Months 10 Days 4
Sex	Male	Color or Race	white	Birth-place	Ireland
Occupation	None	Where Residing if not et place of death resided at home & died			
Married, Single or Widewed	Widower	Name of Wife or Husband	Jessie Chaine	Father's Birthplace	Ireland
Father's Name	John Chaine	Mother's Maiden Name	Julia Hindman	Mother's Birthplace	England
Name of person giving Information	Margaret Chaine	How related to deceased	Daughter	How long	3 years

CAUSES OF DEATH

Primary	Chronic Cystitis from enlarged prostate gland	How long	125	✓
Immediate	some	How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Arthur Williams	
		Address	Elk Ridge Ind	
X Accident or Suicide		no	17	

Joe. B. Cook  
London Park.

Name  
in  
Full

Solom Chase

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Spurri's Paint	Baltimore		Months	Days
Date of death	Month	Day	Years	21
1907	Oct.	1 <sup>st</sup>	Age	1
Sex	Male	Color or Race	Birth-place	Spurri's Paint
Occupation	None	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Eugene Chase	Father's Birthplace	Md	
Mother's Maiden Name	Josephine Fisher	Mother's Birthplace	Md	
Name of person giving Information	Eugene Chase	How related to deceased	Father	

CAUSES OF DEATH

104

Primary

In digestion

V.

7 weeks

Immediata

Infantile Dropsey

7 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

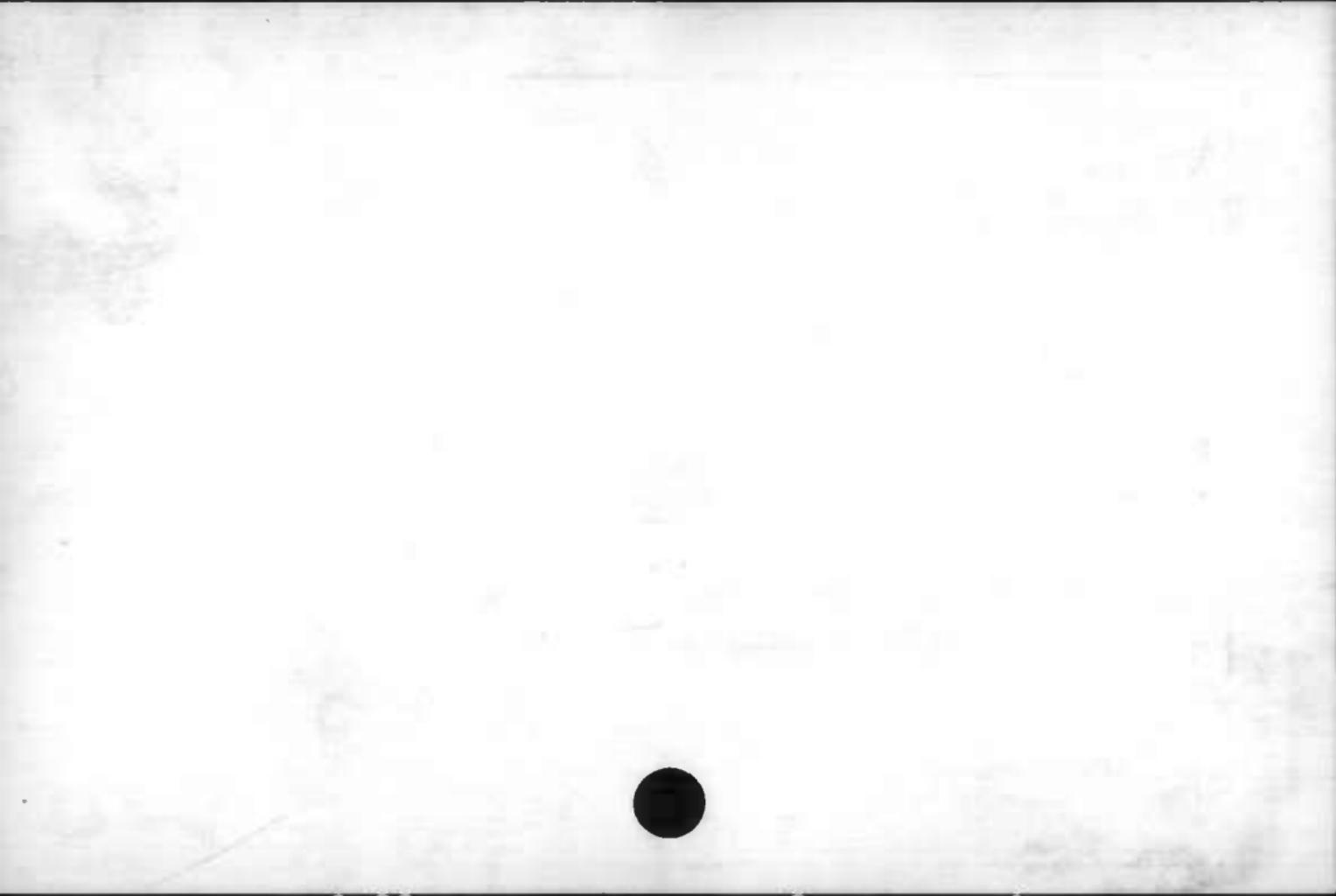
Address

F. C. Eldeed MD

Spurri's Paint  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Ella Henderson Cobb

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Ashland	Baltimore Co				
Date of death	Month	Day	Years	Months	Days
1909	Oct.	28	Age 40	7	28
Sex	Female	Color or Race	White	Birth-place	Chester County Pennsylvania
Occupation	Housewife		Where Residing if not at place of death	Ashland Md.	
Married, Single or Widowed	Married	Name of Wife or Husband	Paul Wharton Cobb	Father's Birthplace	Pegua Pa
Father's Name	Thos. W. Henderson		Mother's Maiden Name	Lancaster Pa	
Mother's Maiden Name	Mary Clarkson		Name of person giving information	How related to deceased	
	Paul Wharton Cobb		Husband		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		9 years
Immediate	Pulmonary Tuberculosis		9 years
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. B. R. Bassett
		Address	Lackawaxen Md
8			8
Accident or Suicide?			

Intermittent at Coalville

Pa

on Nov. 1st

by Paul Cobb.

Passenger in Charge.

W. C. Brooks

Name  
in  
Full

Charles Edgar Cole

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months Days
1909	10	3	
Sex	Color or Race	Birth-place	
male	white	Glencoe	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Edward Cole	Father's Birthplace	Baltimore Md.
Mother's Maiden Name	Ellen Blyan	Mother's Birthplace	Glencoe Md
Name of person giving information	Ellen Cole	How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still Born

8

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

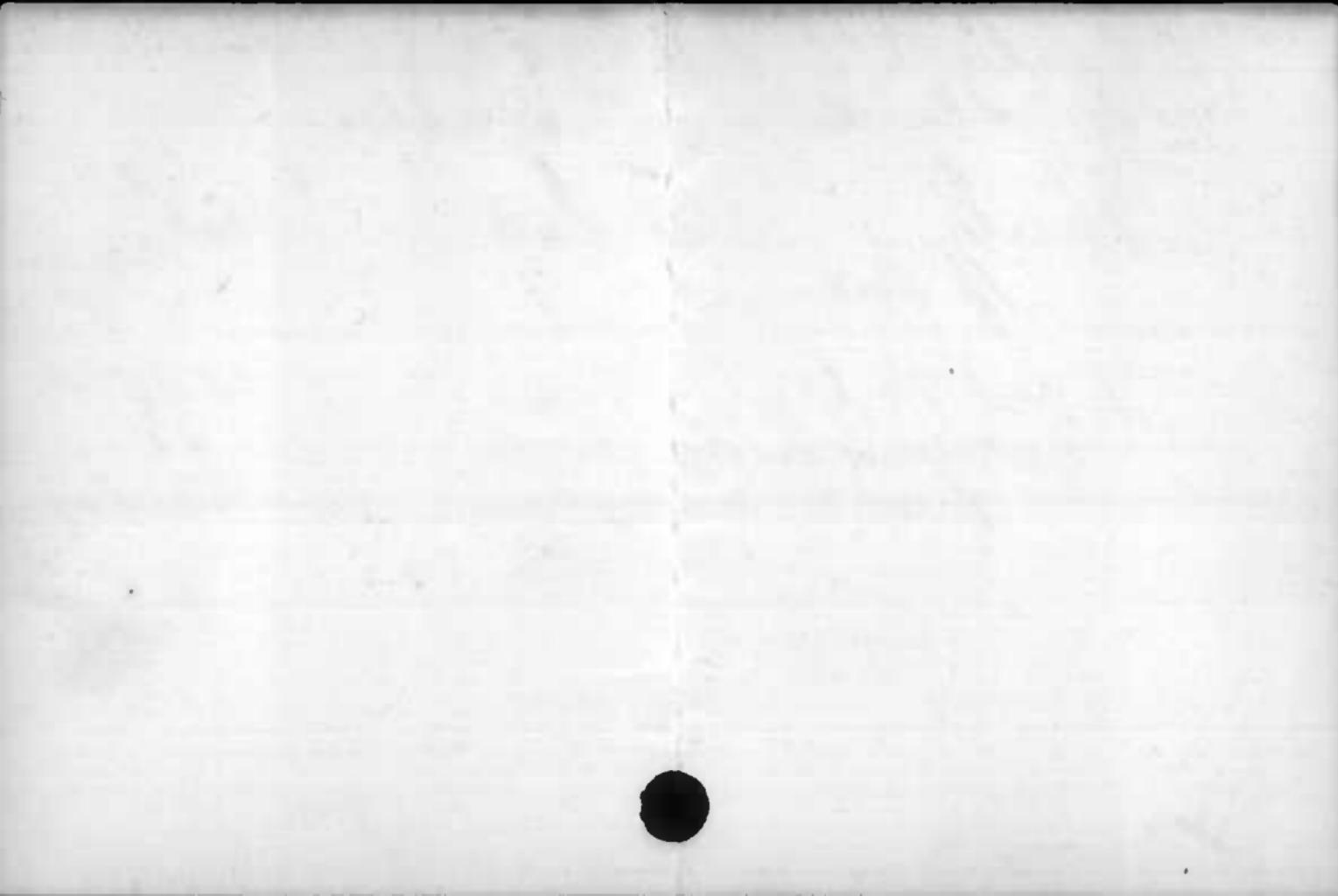
yes

Signature of Physician

Address

R. H. Shuman M.D.  
Glencoe Md

Accident or Suicide?



Name  
in  
Full

Charles A. C. Bungeman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing If not at place of death					
Married, Single or Widowed	Name of Wife or Husband	3221 E. Balt. St. -				
Father's Name	Fred. W. Bungeman					Father's Birthplace
Mother's Maiden Name	Katherine Hebschaefer					Mother's Birthplace
Name of person giving Information	Fred. W. Bungeman					How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Diphtheria Laryngeal

9

How long

5 days

Immediate Acute Myocarditis

4 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

3115 E. Baltimore St.

Accident or Suicide?

Bro. A. Moran  
Funeral Director

Bachman  
cemetery

Name  
in  
Full

Augustus W. Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Died at <u>Reston</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1909 Oct</u>	Month <u>3</u>	Day <u>3</u>	Years <u>Age 51</u>	1	Months	26 Days
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Carroll Co</u>		
Occupation <u>Driver</u>	Where Residing if not at place of death <u>Reston</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sarah E. Davis</u>			Father's Birthplace <u>Carroll Co</u>		
Father's Name <u>Hansen Davis</u>				Mother's Birthplace <u>Carroll Co</u>		
Mother's Maiden Name <u>Martha Brookings</u>				Name of person giving information <u>Mr Sarah E. Davis</u>	How related to deceased <u>Wife</u>	

CAUSES OF DEATH

Primary Paraneurymatous Nephritis

120

✓

How long

5 months

Immediate " "

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Joseph J. Hering  
The St Paul Apartments  
Baltimore, MD

Address

Accident or Suicide?



Name  
in  
Full

Mary E. Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
		Canton	Balto.			
Date of death	1909	Month Oct.	Day 12	Years 30	Months 5	Days
Sex	Female	Color or Race	White	Birth-place Baltimore		
Occupation	House wife	Where Residing if not et place of death		3407 1st Ave		
Married, Single or Widowed		Name of Wife or Husband	August Davis			
Father's Name	Adam Furst		Father's Birthplace Germany			
Mother's Maiden Name	Anna F. Steiner		Mother's Birthplace Germany			
Name of person giving Information	August Davis		How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

27

How long

13 weeks

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

David W. Jones  
3116 Dorrell St



Accident or Suicide

Wendell Lippel & Son  
37 S. Ann St.

Holy Redeemer Cem.

Oct. 15<sup>th</sup>, 109

Name  
in  
Full

Mrs Mary Delahay, DELAHAY

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month Oct	Day 6	Years 7 2	Months	Days
Sex	Female	Color or Race	white	Birth-place	Not Known	
Occupation	None		Where Residing If not at place of death	Deeleyville		
Married, Single or Widowed	Name of Wife or Husband		Dorothy Brown			
Father's Name	Taylor		Father's Birthplace	Unknown		
Mother's Maiden Name	Jane Hamilton		Mother's Birthplace	Orlando		
Name of person giving information	Jesse S Delahay		How related to deceased	Son		

CAUSES OF DEATH

64

✓

How long

16 days

How long

12 hours

PHYSICIAN  
OR CORONER

Primary

Central Nervous Sys.

Immediate

Hypostatic pneumonia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Jesse S. Delahay, MD  
Catoctin

Accident or Suicide?

8

London Park Pen  
Joseph B. Cook.

Name  
in  
Full

Harriet Buchanan Dugan

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Deces 6 <sup>th</sup>	Baltimore		Month	Days	
Date of death	1909	Oct	13	Age	76
Sex	Female	Color or Race	White-	Birth-place	Washington
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Cumberland Dugan		
Father's Name	James Anderson Buchanan			Father's Birthplace	Washington
Mother's Maiden Name	Anna Maria Nelson			Mother's Birthplace	Philadelphia
Name of person giving Information	Mary Grace Dugan			How related to deceased	daughter

CAUSES OF DEATH

Primary

General debility-

Immediate

Insomia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

104

How long

How long

Three days

How long

OB Morton M.D.  
1411 E. Balt. St.

Accident or Suicide

Edgar B. Britton  
1711 S. Balt Street.

Name  
in  
Full

Charles Eckers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Sherwood

County  
Baltimore.

MARYLAND

Date  
of death 1909

Month  
Oct.

Day  
4

Years

Age  
43

Months  
9

Days

Sex  
Male

Color or  
Race  
white

Birth-  
place  
Baltimore Co.

Occupation  
Blacksmith

Where residing if not  
at place of death  
Sherwood

Married, Single  
or Widowed  
Single

Name of Wife or  
Husband  
None

Father's  
Name  
Wm. Eckers

Father's  
Birthplace  
Baltimore

Mother's  
Maiden Name  
Rachel Pocock

Mother's  
Birthplace  
Syd.

Name of person giving  
Information  
Sarah. H. Edward

How related  
to deceased  
Sister

CAUSES OF DEATH

Primary

Chronic Articular Rheumatism  
Incurable

48

How long

12 years

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician  
Dr. Johnson

Address  
Ridder, Md

PHYSICIAN  
OR CORONER

J  
Accident or Suicide

Joly Burns Sonz  
Tawson

Instrument at  
Sater's Cemetery  
Chestnut Ridge

Name  
in  
Full

Gertrude M. Eiler

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	20	9	11
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Ernest C. Eiler		
Father's Name	Herman Schlefeld		Father's Birthplace	Germany	
Mother's Maiden Name	Don't know		Mother's Birthplace	Unknown	
Name of person giving information	Ernest C. Eiler		How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Sepsis puerperal

137

✓

2 days

Immediate

Peritonitis

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Dudley MD.  
3323 Abell St.  
Highlandtown Md.

J

Accident or Suicide?

Oak Grove Cemetery,  
Oct. 17<sup>th</sup> 1909.

Mr. Fander Sons,

C

Mr. Fander

Name  
in  
Full

William Henry Eusor

CERTIFICATE OF DEATH

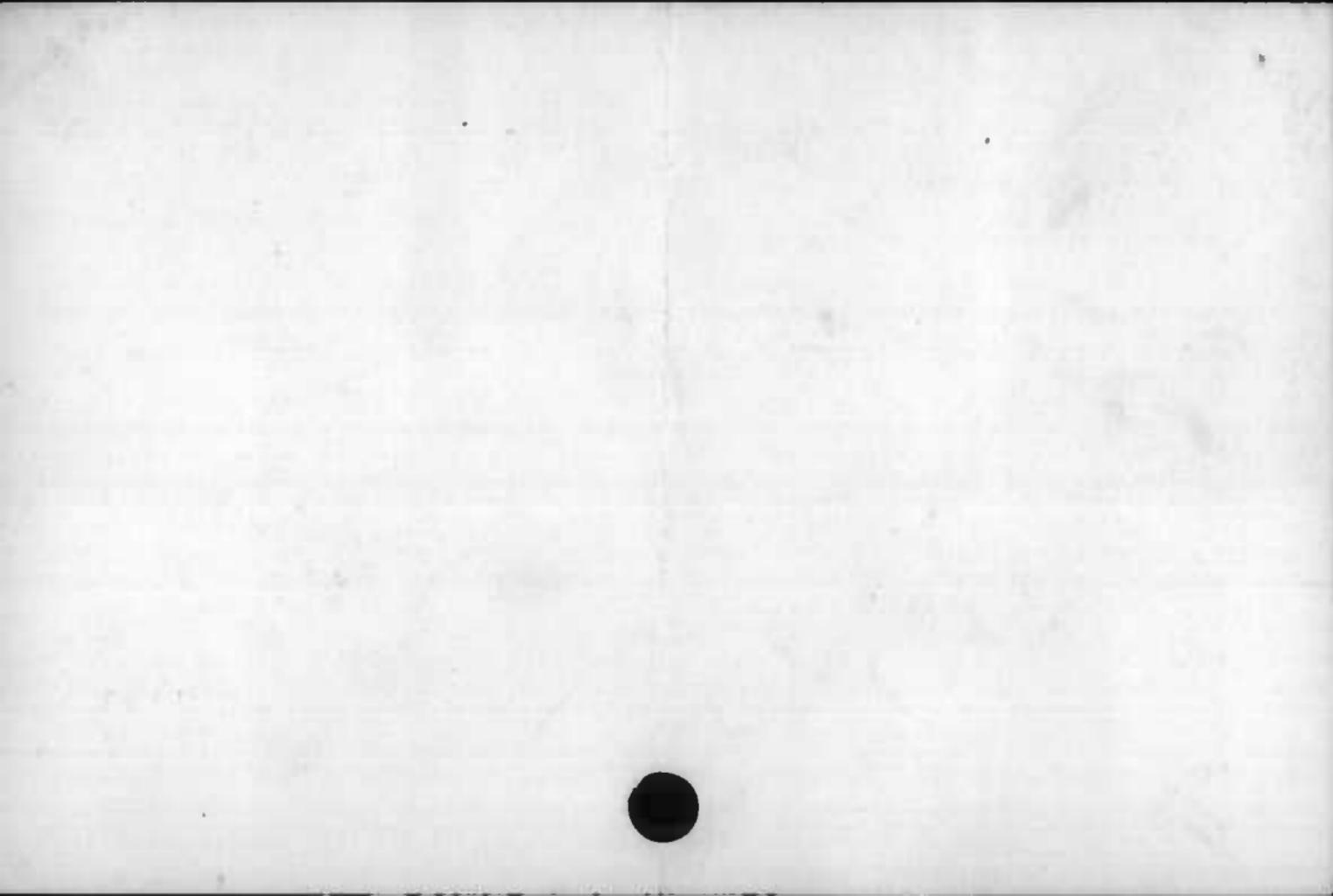
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1909	Month Oct	Day 20	Years 63	Months 6 Days 14
Sex Male	Color or Race White	Birth-place Balt Co. Md		
Occupation Farmer	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Emma C. Eusor		
Father's Name	William C. Eusor			Father's Birthplace Balt Co. Md
Mother's Maiden Name	Elisabeth Chilesat			Mother's Birthplace Balt Co. Md
Name of person giving Information	C. B. Eusor			How related to deceased Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cerebral Hemorrhage		64	How long 3 weeks
Immediate	Pulmonary Edema		2 days	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr Shuman	Address 108 Glenmore Rd	
J	yes			
Accident or Suicide?				



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Jacob H. Eyley						CERTIFICATE OF DEATH	
Died at Arlington			County Baltimore			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1909	10	3	58		11	3	
Sex	Male	Color or Race	White	Birth-place Maryland			
Occupation	Tinner	Where Residing if not at place of death			Arlington Twp		
Married, Single or Widowed	Single	Name of Wife or Husband	Mary E. Stally	Father's Birthplace Maryland			
Father's Name	Jac. H. Eyley				Mother's Birthplace Maryland		
Mother's Maiden Name	Elizabeth Stally				How related to deceased Wife		
Name of person giving information	Mary Eyley						

CAUSES OF DEATH

40

Primary	Carcinoma of Stomach	How long	8 mos
Immediate	Obstruction	How long	4 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. H. Hardesty
		Address	Sta. C. Ball, Balt.
Accident or Suicide?			

N S Marshall  
3539 Fall Roof  
Oct 6 - 09  
E. Hawk Church, Bruceton  
Frederick Co Md

Name  
in  
Full

William Flora

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Balti. Co. Abushouse	
Father's Name	Unknown		
Mother's Maiden Name	Unknown		
Name of person giving Information	Joseph Flora		
CAUSES OF DEATH			
Primary	Syphilis		
Immediate	Acute Rupturito-Coma.		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
X		Wilmer C. Ensor, M.D. Cockeysville Md.	
Accident or Suicide?		M.	

36

How long

6 weeks

How long

24 hours

8

Interment at County  
Klms Boone Oct 29.

W. C Brooks

Name  
in  
Full

Virginia T. Traenier

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at 115 S. East Ave Town

County Baltimore

Date of death 1909 Month 10

Day 10 Years \_\_\_\_\_

Months 2 Days 6

Sex Female

Color or Race White

Birth-place 115 S. East Ave

Occupation None

Where Residing if not  
at place of death  
115 S. East Ave

Married, Single  
or Widowed Single

Name of Wife or  
Husband \_\_\_\_\_

Father's Name Jas. J. Traenier

Father's Birthplace Baltimore

Mother's Maiden Name Laura Allison

Mother's Birthplace Beth. Co.

Name of person giving  
Information Jas. J. Traenier

How related  
to deceased Father

CAUSES OF DEATH

Primary Acute Indigestion

How long 3 wks.

Immediate Acute Pericarditis

How long 1/2 day

Are the name, age, sex, color, date  
and place correctly given above?

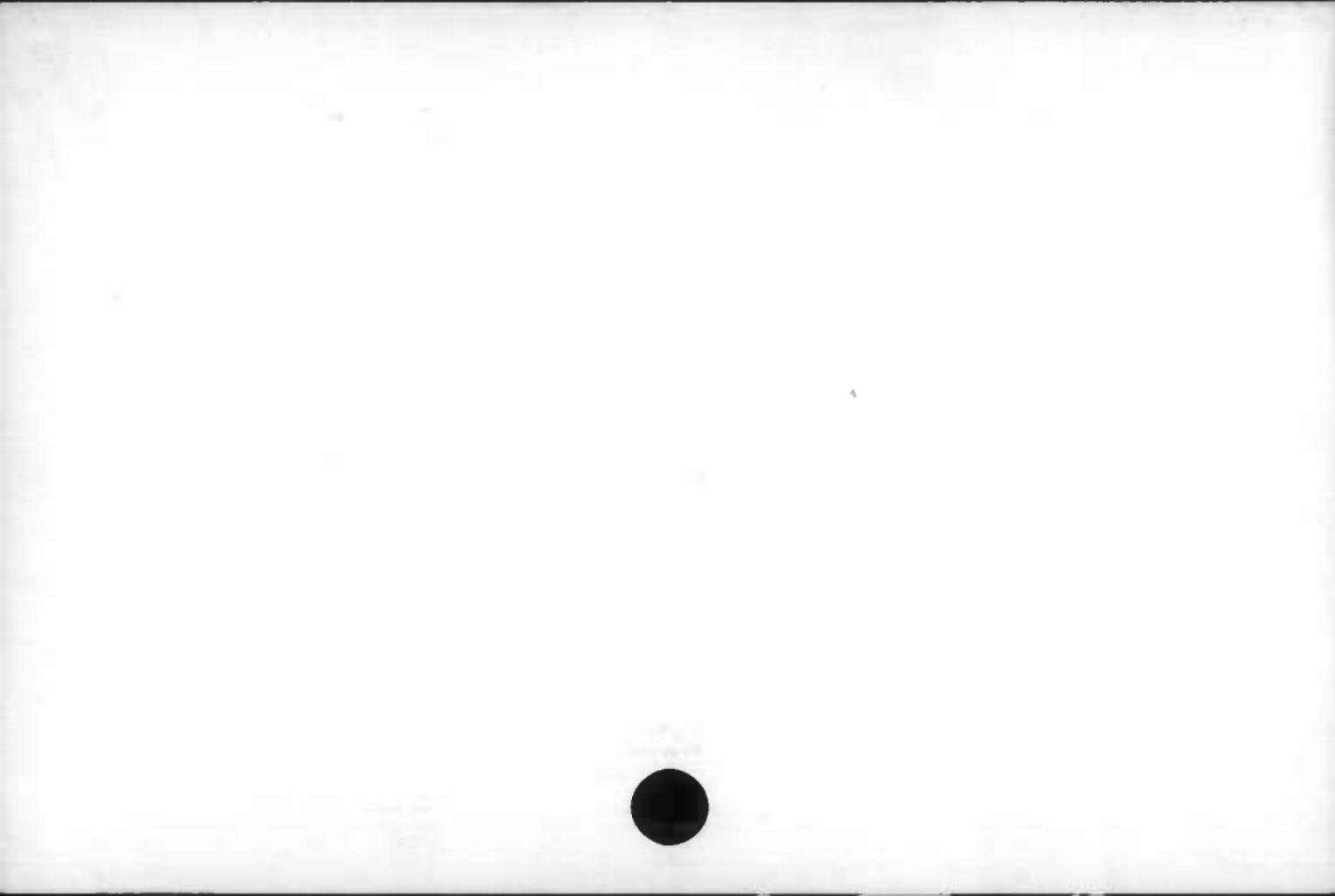
Signature of  
Physician

Address

J. H. Herrmann  
315 C. Baltimore St.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Anna Maud Frank

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Rogers Jorge Town Baltimore County, MARYLAND  
Date of death 1909 Month Oct Day 10 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex Female Color or Race white  
Occupation Infant Where Residing if not at place of death Rogers Jorge  
Married, Single or Widowed Infant Name of Wife or Husband \_\_\_\_\_ Birthplace Rogers Jorge  
Father's Name R. O. Frank Father's Birthplace Maryland  
Mother's Maiden Name Rachel Euson Mother's Birthplace Maryland  
Name of person giving Information R. O. Frank How related to deceased Father

CAUSES OF DEATH

Primary

Dysentery

14

How long

Immediate

Exhaustion



✓

How long

5 weeks

1 week

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. H. Duncan  
Gorans town

Med 18

Accident or Suicide

Hiro Cemetery

Name  
in  
Full

Robert Garrett Jameson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

(near) Roland Park

MARYLAND

Died at Town County  
Month Day Years Months Days  
Date of death 1909 October 6. Age 1 5 6

Sex Male Color or Birth-place  
Race white Baltimore Co

Occupation

Where Residing if not  
at place of death

Married, Single  
Widowed

Name of Wife or  
Husband

Father's Name

Robert Garrett

Father's Birthplace

Baltimore Co

Mother's  
Maiden Name

Katherine Baker Johnson

Mother's Birthplace

Baltimore City

Name of person giving  
Information

Robert Garrett

How related  
to deceased

Father

CAUSES OF DEATH

33

Primary

Tuberculosis - Glaucom

How long

3 mos

Immediate

Meningitis

How long

3 weeks

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Address

J. H. J. Rowland M.D.  
1204 Madison St.

Accident or Suicide

Funeral Directors

Henry W. Jenkins and Sons Co

Place of Burial Greenmount

Friday Oct 8<sup>th</sup> / 09

Name  
in  
Full

Gehre, Agnes Gehre  
Town : Leatonsville County : Baltimore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Diad at	Town	Month	Day	Age	Years	Months	Days
Date of death 190	9	Oct	30	65			
Sex	Female	Color or Race	white	Birth-place	Ohio		
Occupation	Hauswif	Where Residing if not et place of death	X				
Married, Single or Widowed	Married	Name of Wife or Husband	Robert Gehre				
Father's Name	unk	Father's Birthplace	unk				
Mother's Maiden Name	unk	Mother's Birthplace	unk				
Name of person giving Information	—	How related to deceased	7				

## CAUSES OF DEATH

Primary

Terminal Dementia

Immediate

Vascular Disease of Heart

Are the name, age, sex, color, date  
and place correctly given above?

Ys

Signature of  
Physician

Address

79

How long

20 yrs.

How long

Few minutes

Accident or Suicide

No

J

Agnes Nade  
Leatonsville, Md

Char & Framek  
102 Madison Ave

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

John Gephhardt

Town

Died at

Raspeburg

County

Balto

MARYLAND

Month

Date  
of death 190

Day

9 Oct 28

Years

Age

1

Months

6

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Raspeburg, Md.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Christian Gephhardt

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Annie Newbauer

Mother's  
Birthplace

Ind.

Name of person giving  
Information

Christian Gephhardt

How related  
to deceased

Father

CAUSES OF DEATH

105

How long

12 hours.

Primary

Acute Gastro-enteric Intoxication

How long

1 hour.

Immediate

Pulmonary Oedema

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

A. L. Wilkinson

Address

Raspeburg Ind.

Yes

Neither.

14

Accident or Suicide

Fredrik Passahowitz Sons  
Jerusalem Cemetery

Name  
in  
Full

Keith H. Gibson  
Arlington, Baltimore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at

Town

County

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

190

9

10

Age

16

Sex

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Where Residing if not  
at place of death

Arlington Twp.

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Geo. J. Gibson

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Augusta Bratz

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Geo. H. Gibson

How related  
to deceased

Father.

CAUSES OF DEATH

Primary

Pulmonary

179

How long

16 days

Immediate

Asthma

How long

R. H. Mayden/  
Station Eight  
City

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide

A. S. Marshall  
3539 Falls Road

Oct 11-1909

Druim Ridg e

Name  
in  
Full

Infant of Sidney & Mary Giles

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County,	MARYLAND
Died at	Baltimore	
Date of death	Month	Year
1909	Oct	26
Age	—	Montha
Sex	Color or Race	Birth-place
Male	Black	Balto Co
Occupation	Where Residing if not at place of death	Palapsco Neck
Married, Single or Widowed	Name of Wife or Husband	
Single	Sidney Giles	Father's Birthplace
Father's Name	Mary Brown	Va
Mother's Maiden Name	Sidney Giles	Mother's Birthplace
Name of person giving Information		City
		Father

CAUSES OF DEATH

Primary

Still Born

(8)

How long

PHYSICIAN  
OR CORONER

Immediate

Are the names, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Mrs Zapp Midwife  
North Point Road  
Balto Co.

Accident or Suicide

Asbury Cem

Oct 27<sup>th</sup> 1909

H. Nicolaus & Son  
1820 Canton Ave

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Sam'l. J. Green

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Edgewater

Month

Day

Years

Date  
of death 190

9 Oct.

11

Age

Months

3

Days

Baltimore

Sex Male

Color or  
Race

Black.

Birth-  
place

Edgewater

Occupation

None

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Thomas Green

Father's  
Birthplace

Md

Mother's  
 Maiden Name

Mary Bissell

Mother's  
Birthplace

Md

Name of person giving  
Information

Harold Jackson

How related  
to deceased

None

CAUSES OF DEATH

Primary

Edgewater

104

How long

3 months

Immediate

Infantile Colic & Splenomegaly

How long

3 months

Are the name, age, sex, color, date  
and place correctly given above?

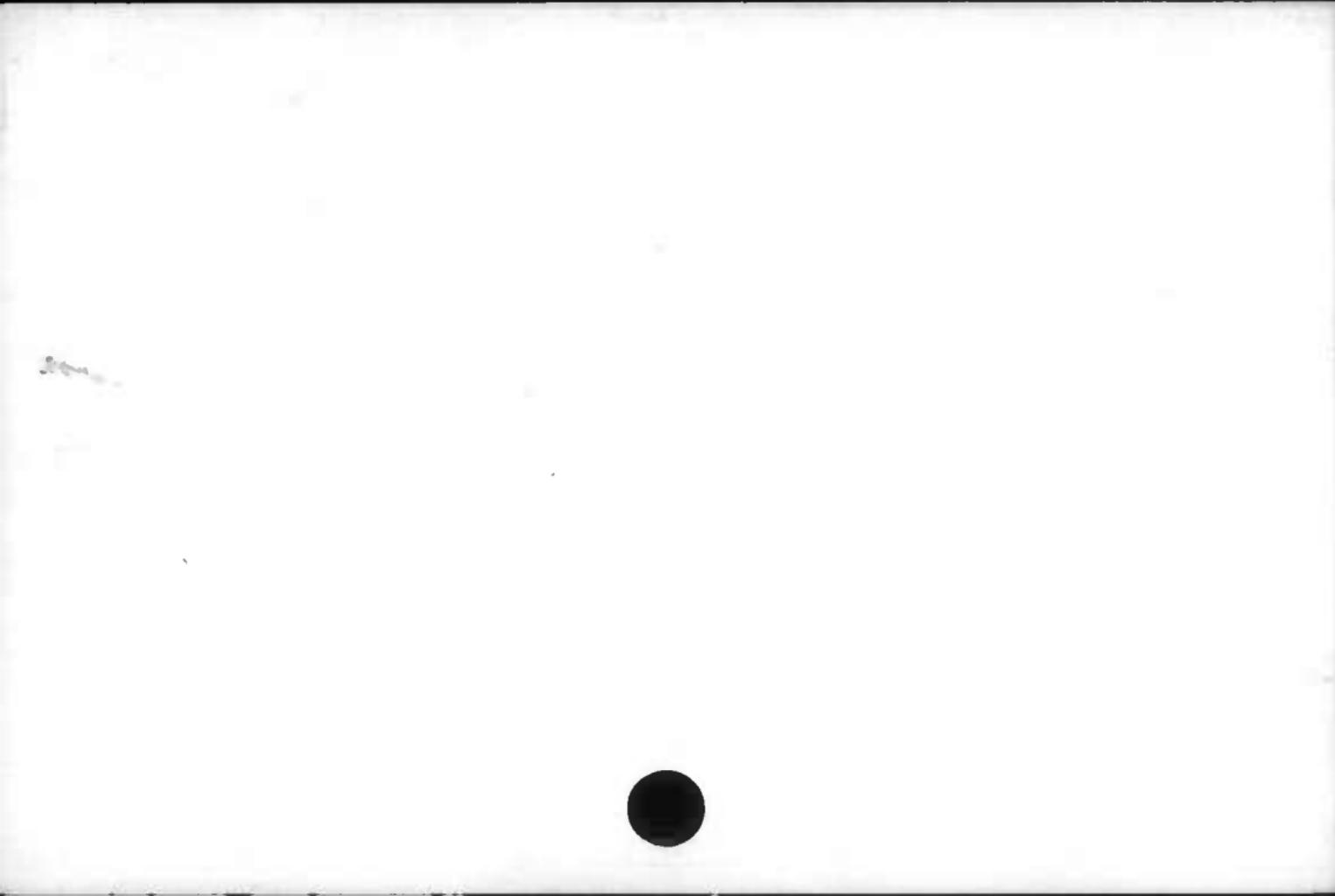
Yes

Signature of  
Physician

Address

J. C. Eldred, M.D.  
Green Bay, Wis.

Accident or Suicide



Name  
in  
Full

Lilly Q. Griesicker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	single	single
Father's Name	Henry Griesicker -	Baltimore	MD
Mother's Maiden Name	Sally Young -	unknown	
Name of person giving information	Mary Griesicker -	How related to deceased	adopted sister
CAUSES OF DEATH			
Primary	Pulmonary Tuberculosis -		
Immediate	Exhaustion -		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
		Frank H. Puckel	
		Lansdowne, Baltimore, Md.	

27

How long

4 months

How long

1 week

X  
Accident or Suicide?

Jos. B. Cook

Western  
Cemetery

Name  
in  
Full

Eliza Caroline Hammatt  
Town Roland Park County Baltimore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Roland Park Month Day Years Months Days  
Date of death 1909 Oct 10 Age 76 1 3

Sex Female Color or Race White  
Occupation None

Where Residing if not  
at place of death

Birth-  
place Baltimore Md.

Roland Park Md.

Married, Single  
or Widowed Widow

Name of Husband

Henry Hammatt

Father's Name Thomas J. Townsend

Father's Birthplace Balt. Md.

Mother's Maiden Name Mary Ann Switzer

Mother's Birthplace "

Name of person giving  
Information Mrs. H. H. Weston

How related  
to deceased Daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cerebral Hemorrhage

64

Immediate

Cerebral Hemorrhage

22 months

Are the name, age, sex, color, date  
and place correctly given above?

Exhaustion 5 weeks

Signature of  
Physician

M. Gibson Porter  
Address Roland Park Md.



Accident or Suicide No

Place of burial, Loudon Park Cemetery,  
Undertaker, Henry W. Mears & Son,

Name  
in  
Full

Hannah Hansen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Died at Mt Stope Retiree Bel Air	Baltimore				
Date of death 1909 Oct	Month Oct	Day 27	Years Age 73	Months Not Known	Days Not Known
Sex Female	Color or Race White	Birth place Ireland.			
Occupation Housewife	Where Residing if not at place of death Baltimore Md -				
Married, Single or Widowed Widowed	Name of Wife or Husband Not Known				
Father's Name not Known	Father's Birthplace Not Known				
Mother's Maiden Name " "	Mother's Birthplace " "				
Name of person giving Information Rec'ds Mt Stope Retiree	How related to deceased not at all				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Senile Mania -

Immediate

Ex. Post Paralysis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Frank J. Flannery  
Mt Stope Retiree

Accident or Suicide

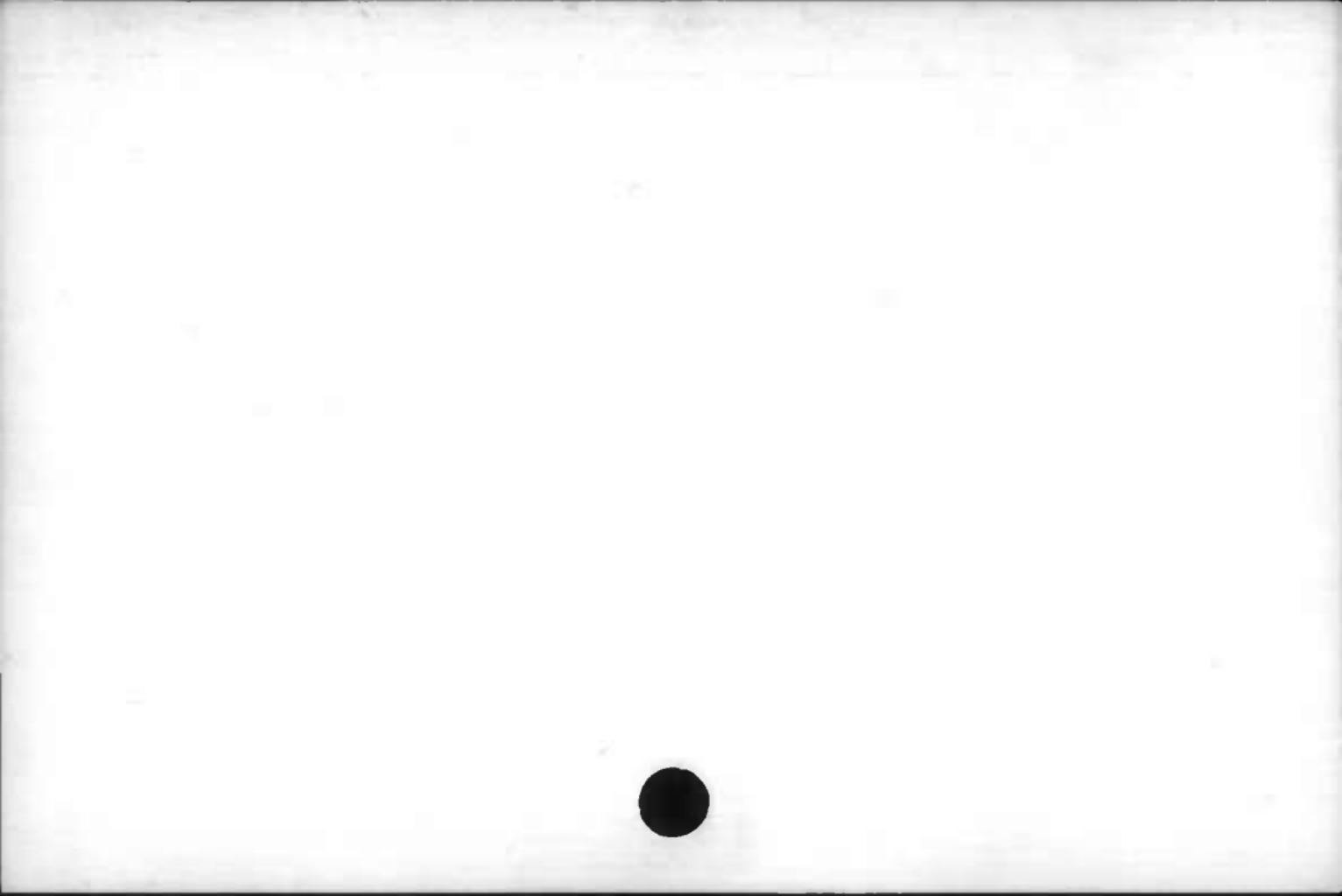
(67) ✓

How long

over 3 yrs

How long

about one year



Name  
in  
Full

Henry Heig Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Hales Road</u>		Town <u>Washington</u>	County <u>Baltimore</u>	MARYLAND		
Date of death <u>1909 Oct 8</u>	Month <u>-</u>	Day <u>-</u>	Years <u>-</u>	Months <u>8</u>	Days <u>-</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore</u>				
Occupation <u>-</u>		Where Residing if not at place of death <u>Hales Road Washington</u>				
Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>Josephine Steiger</u>	Father's Birthplace <u>Baltimore</u>				
Father's Name <u>Henry Steiger Jr</u>	Mother's Maiden Name <u>Josephine Steiger</u>	Mother's Birthplace <u>-</u>				
Name of person giving Information <u>Mrs Steiger</u>	How related to deceased <u>Mother</u>					
CAUSES OF DEATH						
Primary <u>Enteritis &amp; Marasmus</u>	105	✓				
Immediate <u>Cardiac Exhaustion</u>	3 mth					
Are the name, age, sex, color, date and place correctly given above?	1 day					

Primary

Enteritis & Marasmus

How long

3 mth

Immediate

Cardiac Exhaustion

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

A. L. Tumbleston MD

Address

2043 Banks st  
36 16

Accident or Suicide?

Palmire  
Cemetery  
Patt Turner  
undertaker

Wolfe 1374

11 815 W

Name  
in  
Full

Thomas Hessian

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
1909	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death			Ireland	
Married, Single or Widowed	Name of Wife or Husband	Mary Hessian			Ireland
Father's Name	Patrick Hessian			Father's Birthplace	Ireland
Mother's Maiden Name	Mary Daugler			Mother's Birthplace	Ireland
Name of person giving Information	Thomas Mary Kelley			How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Hemiplegia left

66

How long

5 Yrs.

Immediate

Serulitis Cardiae failure

How long

Several months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

B. R. Burrey

Texas MD

Accident or Suicide

J

John Burns Sons  
Sons on

Inhabitants  
St. Joseph's Census.  
Texas

Name  
in  
Full

Frank Hesson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town		County		MARYLAND	
Died at	Catonsville	Baltimore			
Date of death	1909 Oct 9	Month Day	Age 47 d 7y	Month	Days
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	Where Reiding if not at place of death		Thermonah. Md		
Married, Single <del>or Widowed</del>	Name of Wife or Husband		Mrs Meltie M Hesson		
Father's Name	Jacob A Hesson		Father's Birthplace	Md	
Mother's Maiden Name	Casanada Fawcett		Mother's Birthplace	Md	
Name of person giving Information	Wm Hesson		How related to deceased	Wife	

CAUSES OF DEATH

119

How long

one week

How long

two days

Primary

Menace to society

Immediate

Hypostatic Congestion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John T. Farley MD  
Catonsville Md

Accident or Suicide

No

W. Oravice Routsen  
Thurmont Md.



Jane Sipkow Sticks

## CERTIFICATE OF DEATH

Died at		Town	31 <sup>st</sup>	Month	County	Baltimore
Date of death	1909	Oct	11	Day	Years	85
Age	85	Months	10	Days	16	
Sex	Female	Color or Race	white	Birth-place	Baltimore Co	
Occupation	Invalid		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Chas Sticks			
Father's Name	Wm Sipkow		Father's Birthplace	Baltimore Co		
Mother's Maiden Name	Mop Brown		Mother's Birthplace	Baltimore Co		
Name of person giving information	Mrs. Suke		How related to deceased	Daughter		

## CAUSES OF DEATH

79

How long

16 months.

Primary Valvular disease of heart

How long

1 day

Immediate P ulmonary edema

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Geo T. Showers, M.D.  
421 Roland Ave.  
Baltimore Md.

Accident or Suicide?

No

Loudon Park -  
A.S. Marshall  
Oct 13-1909

Name  
in  
Full

George Russel Kenstru

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Washington County

Died at Month Dey  
Date of death 1909 Oct. 15. Age 0.

MARYLAND

Months Deys

1. 23

Sex male

Color or Race white

Birth-place Baltimore Md.

Occupation

Where Reading if not  
at place of death

Mrs. A. Dennis

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Single

George Russell Kenstru

Father's  
Birthplace

Val

Mother's  
Meiden Name

Lillian Baer de Vries

Mother's  
Birthplace

Sutherland Md

Name of person giving  
Information

Ms. Samuel A. de Vries

How related  
to deceased

Grandmother

Primary

Mal-nutrition

CAUSES OF DEATH

Immediate

Asthenia.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

William J. Ford  
NW Washington Md

Two brothers died  
Accident or Suicide

Oct 17. 1909

PHYSICIAN  
OR CORONER

A. S. Mas Hall  
Oct. 16 - 1909 ~~60~~  
Salisbury Church -

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Dr Felix Jenkins

Town

Died at Towson

County

Baltimore

MARYLAND

Date of death 1909 Oct.

Month

Day 9

Age 82<sup>3</sup> Years

Months

Days

11

29

Sex Male

Color or Race

White

Birth-place

Baltimore

Occupation

Physician

Where Residing if not  
at place of deathMarried, Single  
Widowed

Name of Wife or Husband

Mrs Nancy Jenkins

Father's Name

Felix Jenkins

Father's Birthplace

Baltimore Md

Mother's Maiden Name

Fannie H. Wheeler

Mother's Birthplace

Ross of Gen Ch

Name of person giving information

Fannie Jenkins Hughes

How related to deceased

daughter

(Mrs J.)

## CAUSES OF DEATH

79

✓

Primary

Myocarditis and General Dility

How long

18 Months

Immediate

Cardiac Asthma

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr Royalton Green M.D.  
Towson Md.

J

Accident or Suicide?

H. W. Jenkins & Sons Co  
I.C. Cor. Mt. Ullwhr Orchard  
- New Cathederal Ben'y -

Name  
in  
Full

(Johnson) John

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			X	
Married, Single or Widowed	Name of Wife or Husband	Link -			
Father's Name	Link				Father's Birthplace
Mother's Maiden Name	Link				Mothar'a Birthplace
Name of person giving Information	—				How related to deceased

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

General Paresis

(67)

How long

1 yr

Immediate

Exhaustion

How long

2 weeks.

Are the name, age, sex, color, date and place correctly given above?

Yes

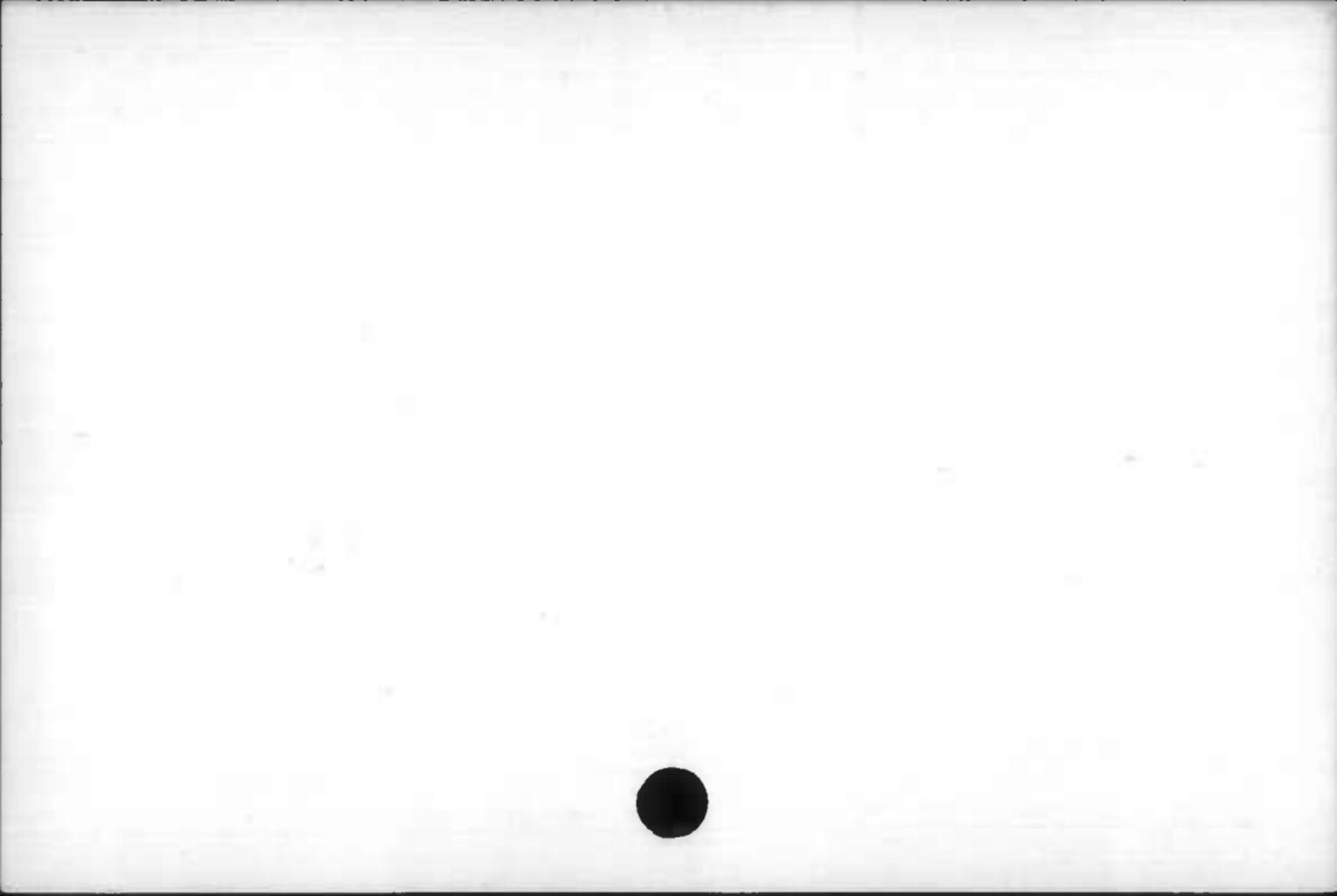
Signature of Physician

Address

Jerry Wade  
Leatonsville.

Accident or Suicide

No.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Annie Elizabeth Jones

CERTIFICATE OF DEATH

MARYLAND

Diad at #101 York Road, Towson, Baltimore County

Date of daath 1909 Month October Day Tues. Oct. 26 Years Age 62

10 Months Days

Sex Female

Color or Race

White

Birth-place Stephens City Va.

Occupation None

Where Residing if not  
at place of death

Towson Md.

Marriad, Singla  
or Widowed Single

Name of Wife or  
Husband

None

Father's Name

John Williams Jones

Father's Birthplace Rockstock Va.

Mother's Maiden Name

Elizabeth W. Chipley

Mother's Birthplace Rockstock Va.

Name of person giving  
information

Miss Dallie Jones

How related  
to deceased

Sister

CAUSES OF DEATH

Primary

Carcinoma of Liver.

40

How long

10 months

Immediate

Exhaustion from Inanition

How long

4 weeks.

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

H. Gibson Porter

Roland Park Md.

N

Accident or Suicide

John Burns Son  
Towson

Interment at  
Prospect Hill  
Cemetery

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Edith Jones

CERTIFICATE OF DEATH

Town	Baltimore			MARYLAND		
Died at Sparrows pt.	Month	Day	Years	Months	Days	
Date of death 1909 oct.	10	Age 1	7	20		
Sex Female	Color or Race Col.	Birth-place Sparrows pt.				
Occupation nurse	Where Residing if not at place of death Sparrows pt.					
Married, Single or Widowed single	Name of Wife or Husband —					
Father's Name Chas. A. Jones	Father's Birthplace Maryland					
Mother's Maiden Name Gertrude Ford	Mother's Birthplace Maryland					
Name of person giving Information Chas. A. Jones	How related to deceased Father					

CAUSES OF DEATH

Primary

Broncho-Pneumonia

92

How long

10 days

Immediate

Exhaustion

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

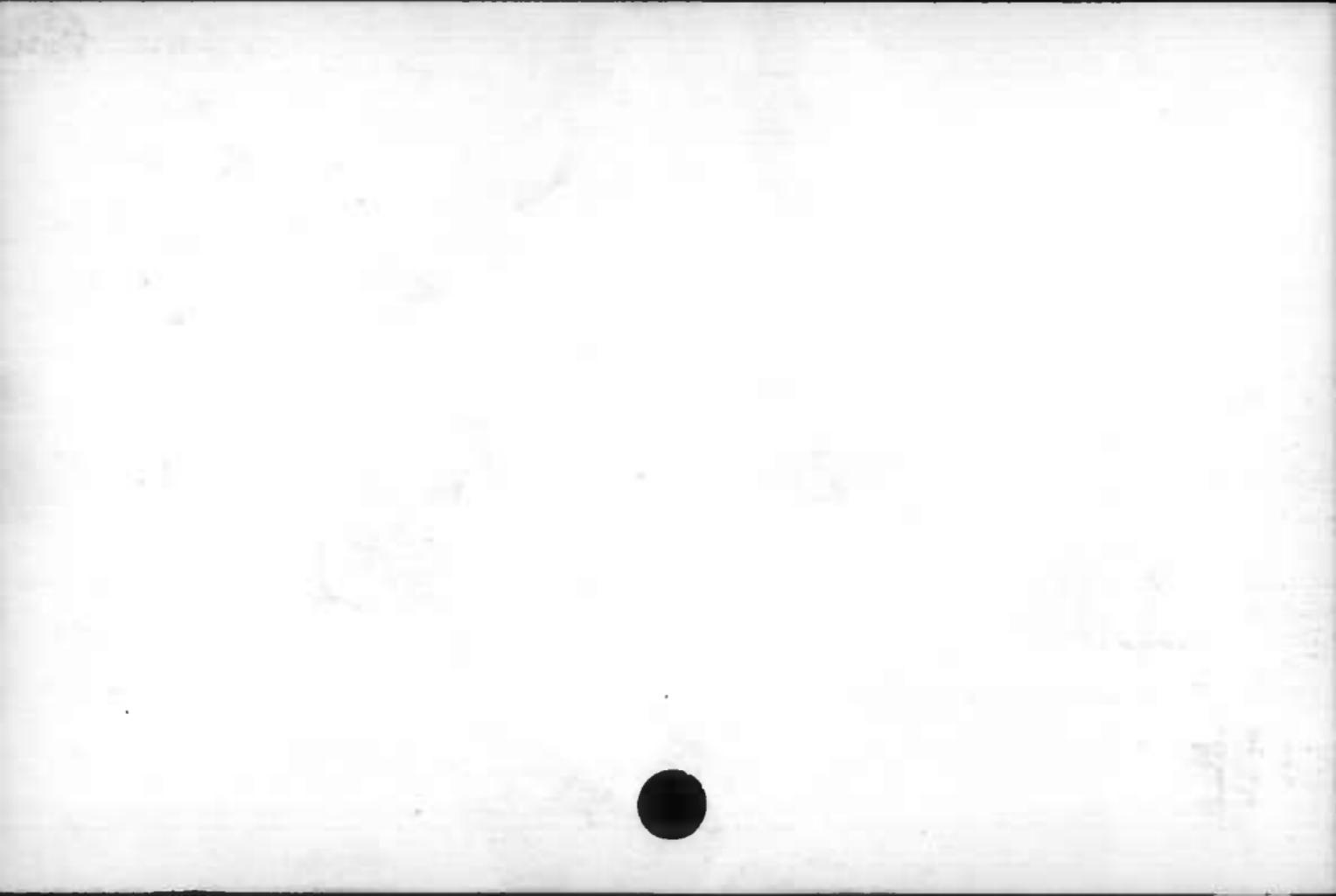
yes

Signature of Physician

Address

H. S. Pellekian M.D.  
Sparrows pt.  
Md.

Accident or Suicide



Name  
in  
Full

Ivy Kennedy

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Baltimore		County		MARYLAND	
Date of death	1909 Oct	Month	22	Day	Years	Months	Days
Age		Color or Race	White	Birth-place	Sweetair		
Sex	Male	Occupation	Where Residing if not at place of death				
Married, Single or Widowed	—	Name of Wife or Husband					
Father's Name	Povel Kennedy		Father's Birthplace	Maryland			
Mother's Maiden Name	Amelia Albright		Mother's Birthplace	Maryland			
Name of person giving Information	HARRY HUMLINE		How related to deceased	None			

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Gastro-Intestinal Catarrh

From muscle

Immediate

Hepatitis

How long

ten days

Are the name, age, sex, color, date and place correctly given above?

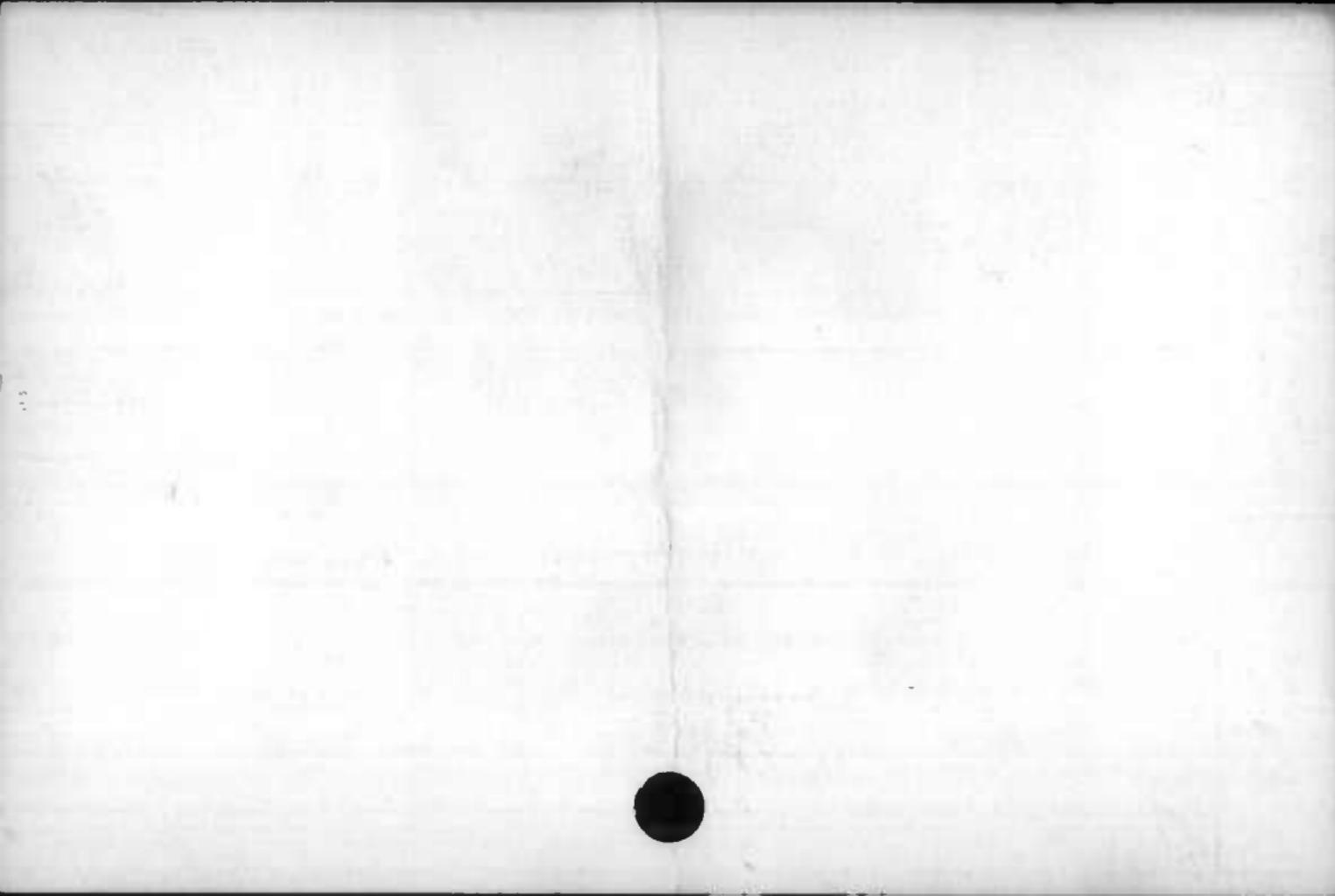
Signature of Physician

Address

John S. Green  
Settings  
Md.

10

Accident or Suicide?



Name  
in  
Full

Anna Catherine Kug.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Pleasant Grove	County	Baltimore	MARYLAND
Date of death	Month	Day	Years	Months	Days
Sex	Female -	Color or Race	White	Birth-place	Germany.
Occupation	Housewife.				
Married, Single or Widowed	Married	Name of Wife or Husband	Where Residing if not at place of death		
Father's Name	Widow of Frederick Kug.				
Mother's Maiden Name	Germany				
Name of person giving Information	Son of Frank Kug.				

CAUSES OF DEATH

79

How long

PHYSICIAN  
OR CORONER

Primary

Valvular disease.

How long

Immediate

Heart trouble -

6 weeks -

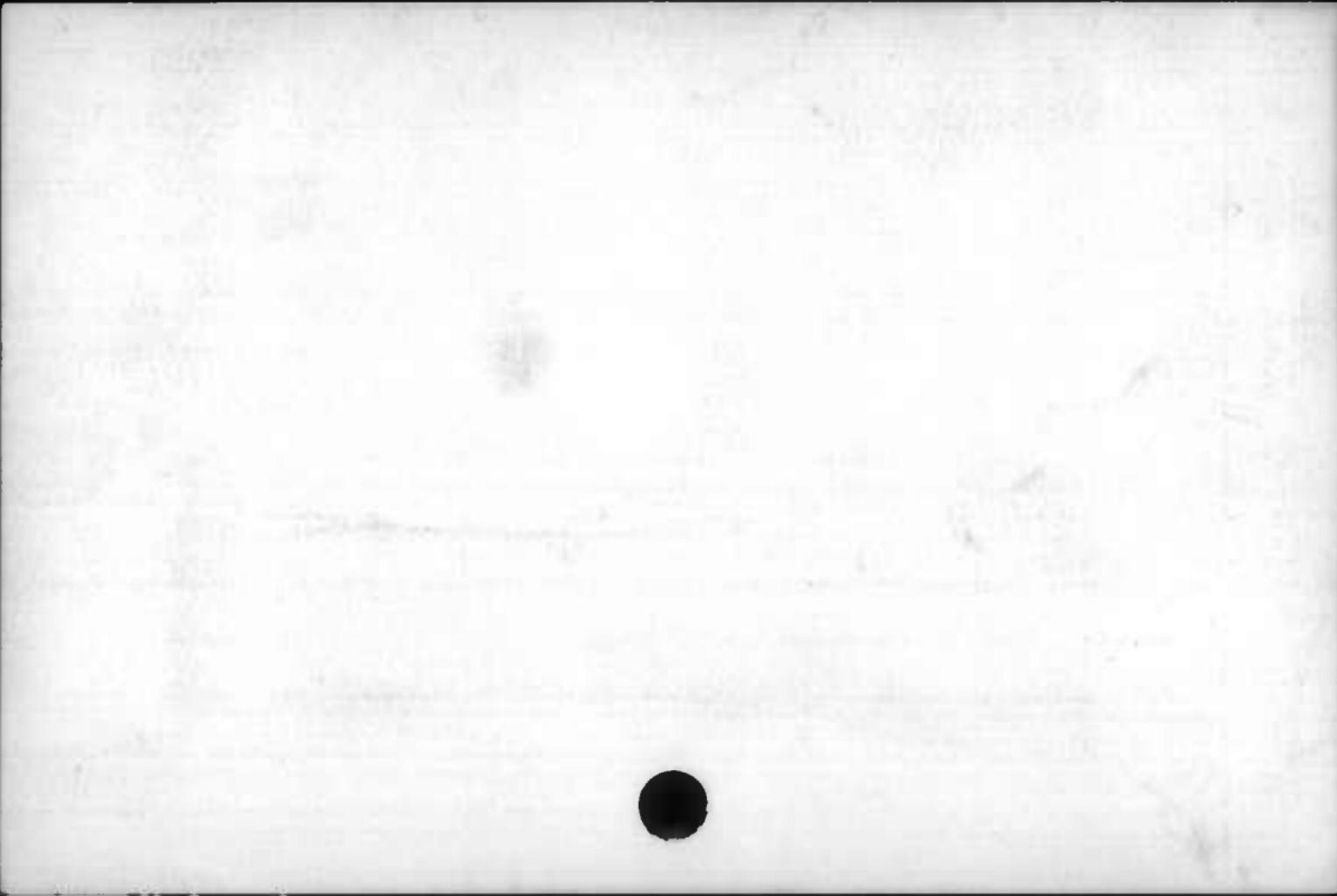
Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Jas. H. Wilson, M.D.  
Fourhiebury,  
Maryland.



Name  
in  
Full

Marie F. Latz

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Town County MARYLAND  
Highlandtown Balt.

Date Month Day Years Months Days  
of death 1904 Oct. 8 Age 1 6 2

Sex Female Color or Birth-place  
Race White Balt. Co.

Occupation None Where Residing at place of death  
717 S. Bouldin st

Married, Single Name of Wife or Husband —  
or Widowed Single —

Father's Name William Latz Father's Birthplace Germany

Mother's Maiden Name Anna M. Keeber Mother's Birthplace " "

Name of person giving Information William Latz How related to deceased  
Primary Bronchitis Pneumonia 92 Father ✓  
Immediate Toxemia — How long 5 days  
Are the name, age, sex, color, date and place correctly given above? Signature of Physician  
Address  
Physician or Coroner  
X  
Accident or Suicide

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Mr. J. Mealey M.D.  
839 S. Calvert St.

Sacred Heart Cemetery

Oct. 10<sup>th</sup> 1909

Lilly and Zeiler  
undertakers

Name  
in  
Full

Albert Levy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not a place of death		
Married, Single or Widowed	Name of Wife or Husband	9781 Lawrence St.	
Father's Name	Do not know		
Mother's Maiden Name	Germany		
Name of person giving information	Jacob J. Levy		

CAUSES OF DEATH

178

Primary

Heart Failure

Immediate

- Sudden death.

How long

Are the name, age, sex, color, date and place correctly given above?

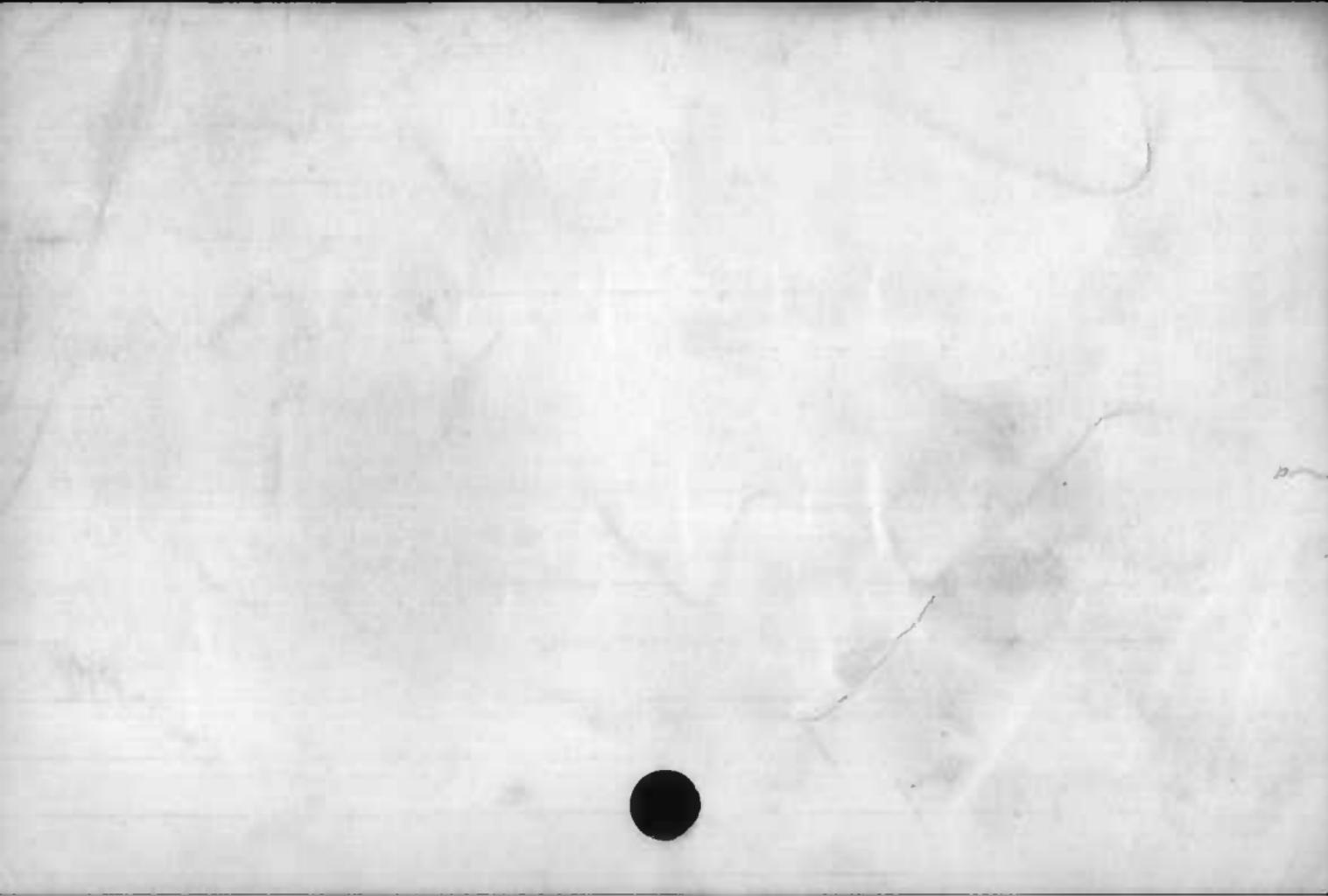
Signature of Physician

Address

J

Accident or Suicide?

Rhoda Bevan J.P.  
Acting Coroner  
Adington Batt Co



Name  
in  
Full

Gertude St. Lueder

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND			
Date of death	Month	Day (F)	Years	Months	Days		
1909	10	18	Age 13	—	—		
Sex	Color or Race		white	Birth-place	Baltimore		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Charles H. Lueder					Father's Birthplace	Baltimore
Mother's Maiden Name	Matilda Jaeger					Mother's Birthplace	Baltimore
Name of person giving Information	Katherine Lueder					How related to deceased	sister

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Lymphoid Tissue

(1) V

How long

75 days

Immediata

Hemorrhages, Exhaustion

How long

1 week -

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of Physician

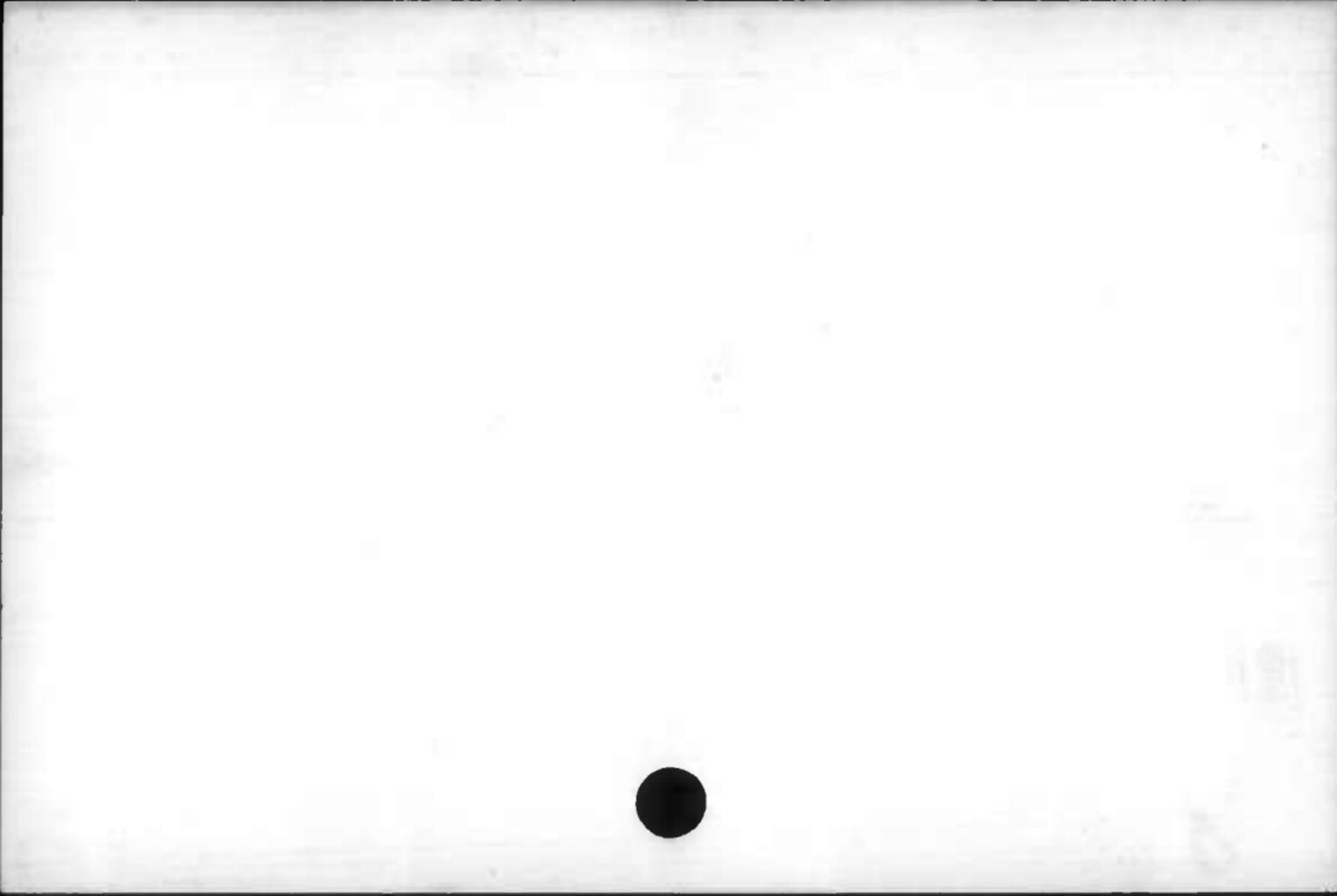
Address

Henry G. Taylor

Pikesville

Med

Accident or Suicide



Name  
in  
Full

Mary A. Litchfield,

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Lansdowne	Balt			
Date of death	Month	Day	Years	Months	Days
1909	Oct.	8 <sup>th</sup>	66	—	—
Sex	female	Color or Race	white -	Birth-place	Howard Co Md,
Occupation	House work	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	William H. Litchfield			
Father's Name	Joanna Bounds -	Father's Birthplace	Md		
Mother's Maiden Name	Sewell -	Mother's Birthplace	Md		
Name of person giving information	John S. Litchfield	How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Hypertrophic Cirrhosis		①	✓
Immediate	Typhoid fever & Exhaustion		How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long	4 weeks
J		Frank H. Ruhle	Address	Lansdowne - Balt C. Md,
Is death due to accident or suicide?				

Andrew Rohde & Son

Savage  
Howard Co

Md

Name  
in  
Full

Fredrick L Sohmeyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Delight	Month	Day	Years	Month	Days
Date of death	1909	Oct	27	Age	4	—
Sex	Male	Color or Race	white	Birth-place	Baltimore, Md.	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Henry Sohmeyer	Father's Birthplace				
Mother's Maiden Name	Scarlett Beck	Germany				
Name of person giving Information	Henry Sohmeyer	Mother's Birthplace				
		Baltimore, Md.				
		How related to deceased				
		Father				

CAUSES OF DEATH

105

Primary

Cholera infantum

How long

3 mos

Immediate

Marsasmus

How long

1 mo

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

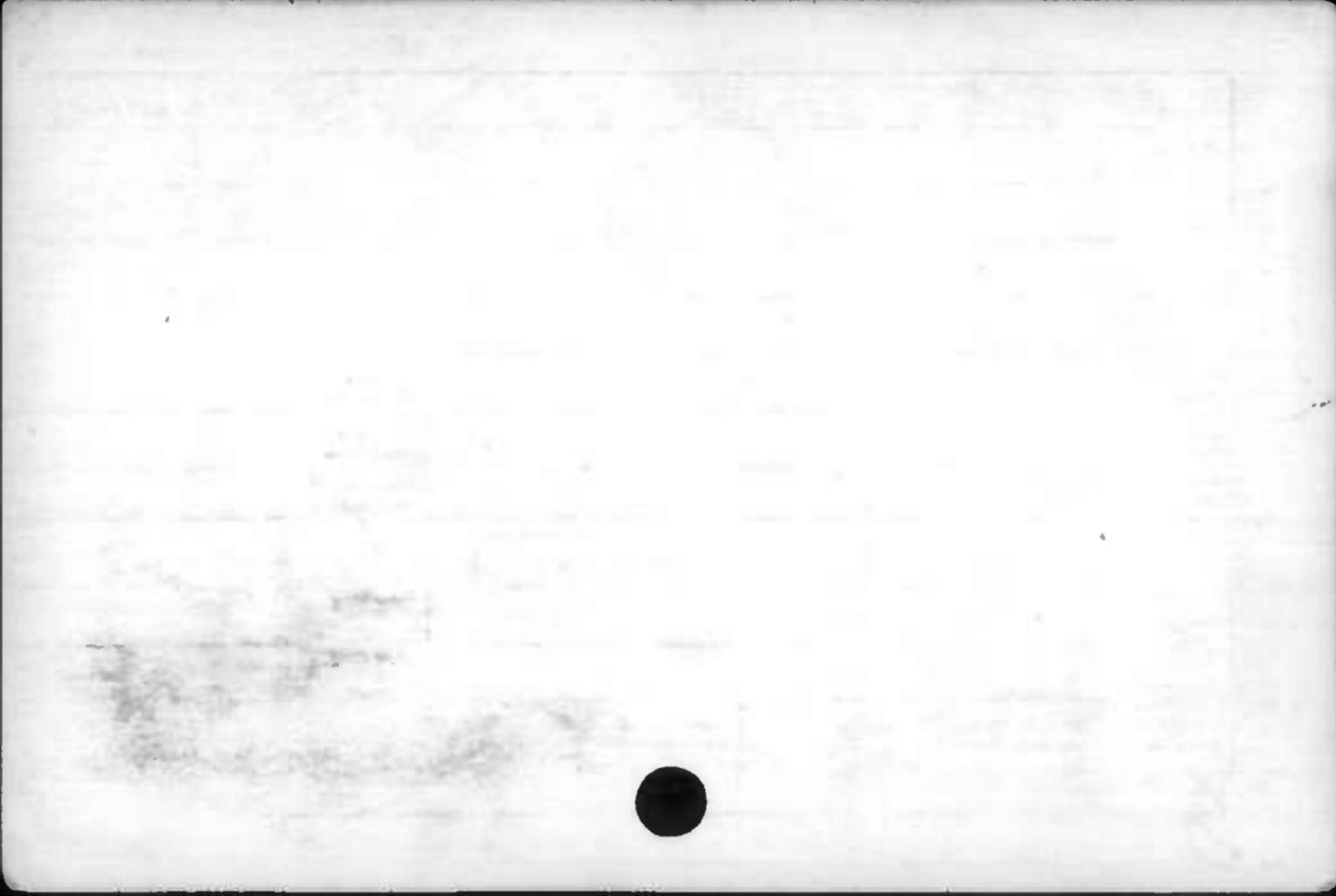
8

Address

K. McElroy

Ridgeway town bed

Accident or Suicide



Name  
in  
Full

Fenton S. Lydicker

CERTIFICATE OF DEATH

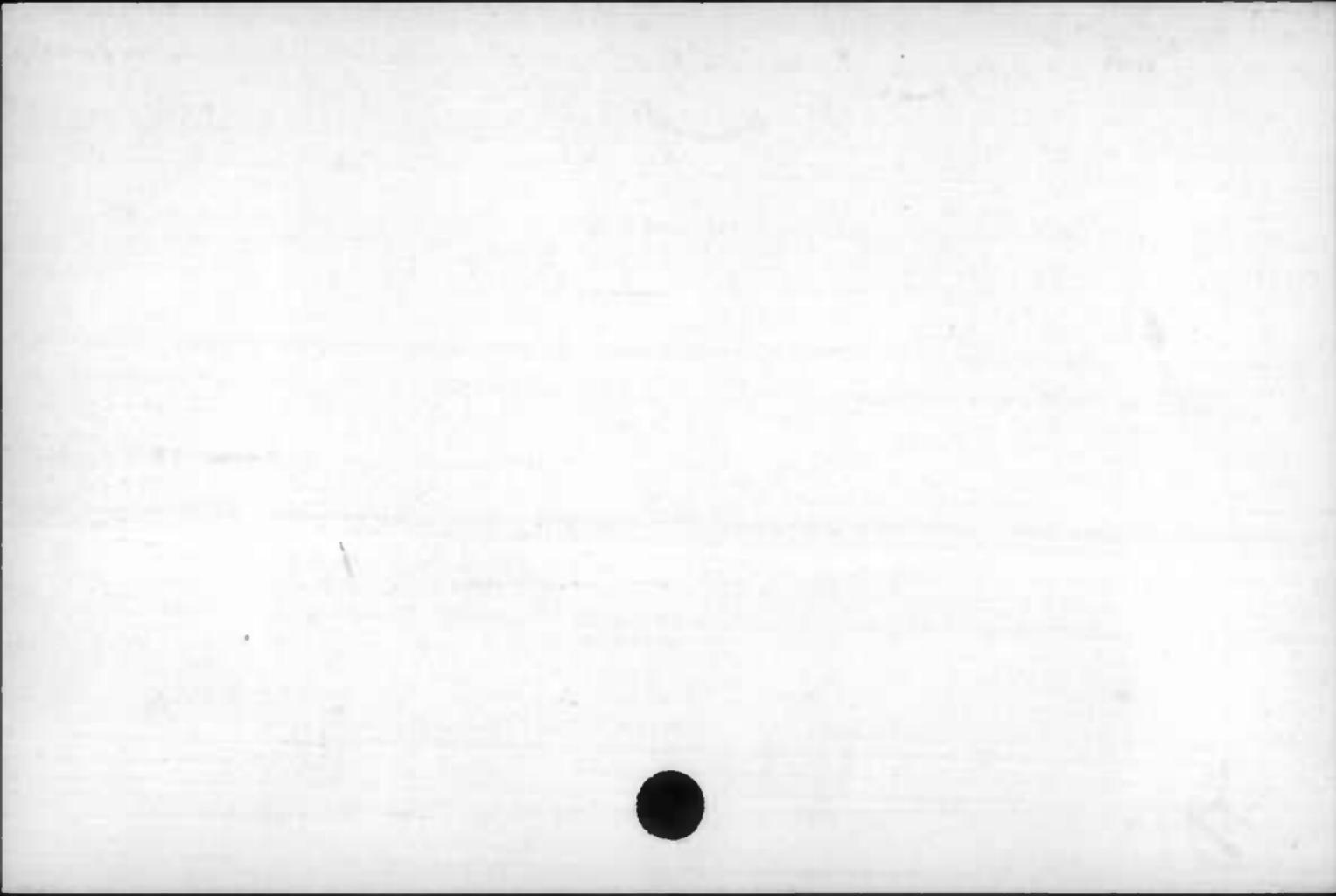
To BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Died at St. Agnes' Hospital	Baltimore				
Date of death 1909	Month Oct.	Day 7	Years 87	Months	Days
Sex Male	Color or Race White-	Birth-place New York			
Occupation None	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name John Lydicker	Father's Birthplace New York				
Mother's Maiden Name Maria Smith	Mother's Birthplace New York				
Name of person giving information Wm S. Lydicker	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Arterio Scleriosis	81
Immediate Senility	How long 5 year +.
Are the name, age, sex, color, date and place correctly given above? Yes	How long 6 mos +
Address	Allentown Graham M.D. St. Louis Hospital
Accident or Suicide? No	



Name  
in  
Full

George Ellsworth McBlain

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Samuel R. McBlain					Father's Birthplace
Mother's Maiden Name	Amelia Dildebrand					Mother's Birthplace
Name of person giving information	Samuel R. McBlain					How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Broncho-Pneumonia

92

How long

10 days

Immediate

Pulmonary Edema

How long

2 hrs.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Eugene S. Pessagno  
2314 E Balto St



Accident or Suicide?

Neither

Oak Larch tree.  
Oct. 26/09  
H. J. Van der Horst

23/10/09  
H. J. Van der Horst

Name  
in  
Full

Hannah H. Donald

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at Arlington County  
Month Month Day Years Months Days  
Date of death 1909 10 18 Age 59 7 8  
Sex Female Color or Race White Birth-place Ireland  
Occupation H. W. Where Residing if not at place of death  
Married, Single or Widowed Married Name of Wife or Husband Michael H. Donald  
Father's Name Odore Sullivan Father's Birthplace Ireland  
Mother's Maiden Name Mary Birthplace Ireland  
Name of person giving Information Mrs. S. Crony How related to deceased Niece

PHYSICIAN  
OR CORONER

Primary

Bronchitis

CAUSES OF DEATH

Immediate

Pronchitis

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of  
Physician

Address

90

How long

✓

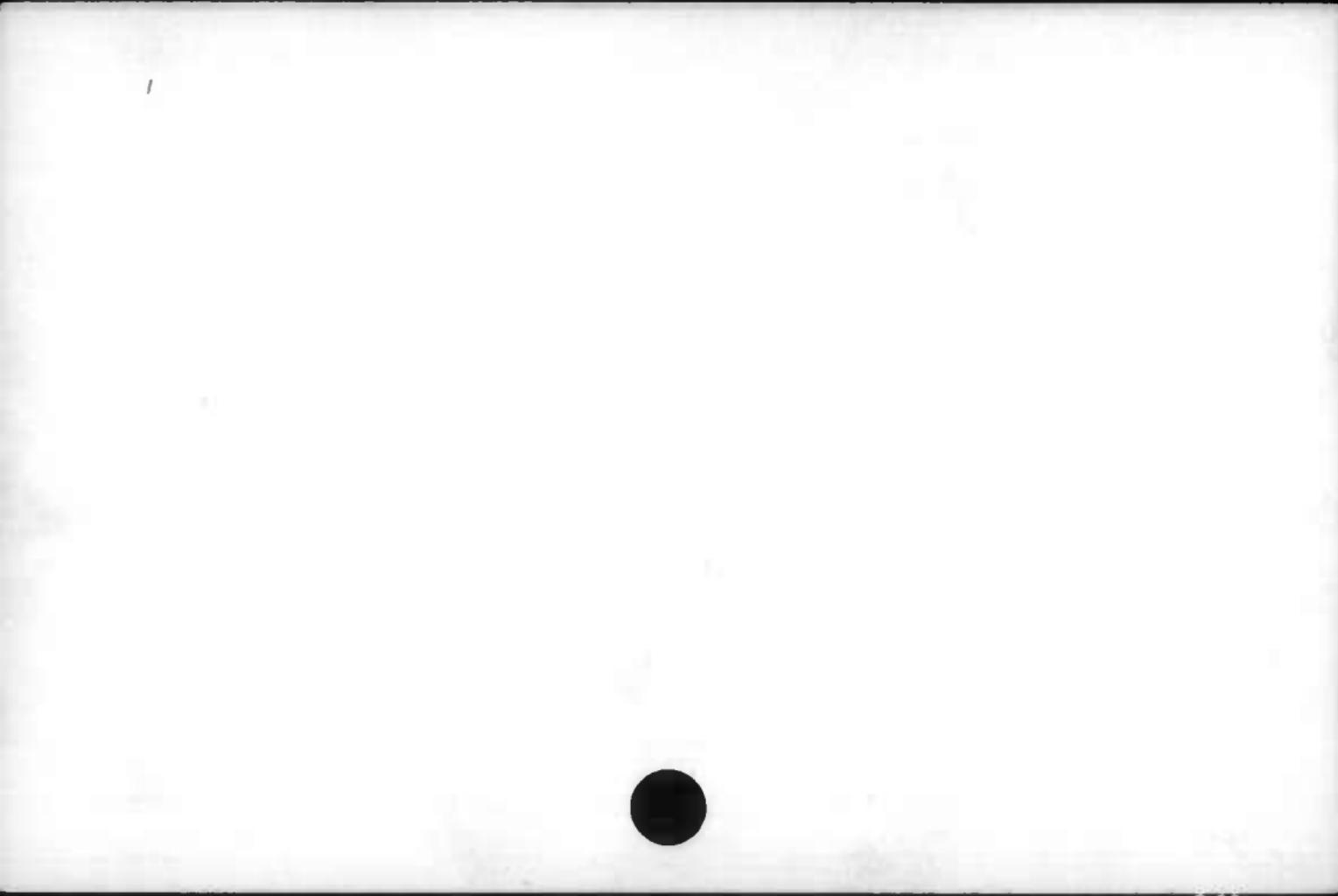
week

How long

3 days



Occident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Edrich M'Kinn

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Spurs Point

Sandtown

Month

Day

Years

Month

Days

Date  
of death

1904 Oct 18

Age

—

—

—

Sex

Female

Color or  
Race

White

Birth-  
place

Spurs Point.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Edward M'Kinn

Father's  
Birthplace

Va'

Mother's  
Maiden Name

Blanche James

Mother's  
Birthplace

Va

Name of person giving  
Information

Edward M'Kinn

How related  
to deceased

Father

CAUSES OF DEATH

(151)

Primary

Pneumonia & Tuber

How long

7 days

Immediate

Exertion

How long

1 day

Are the name, age, sex, color,  
and place correctly given above?

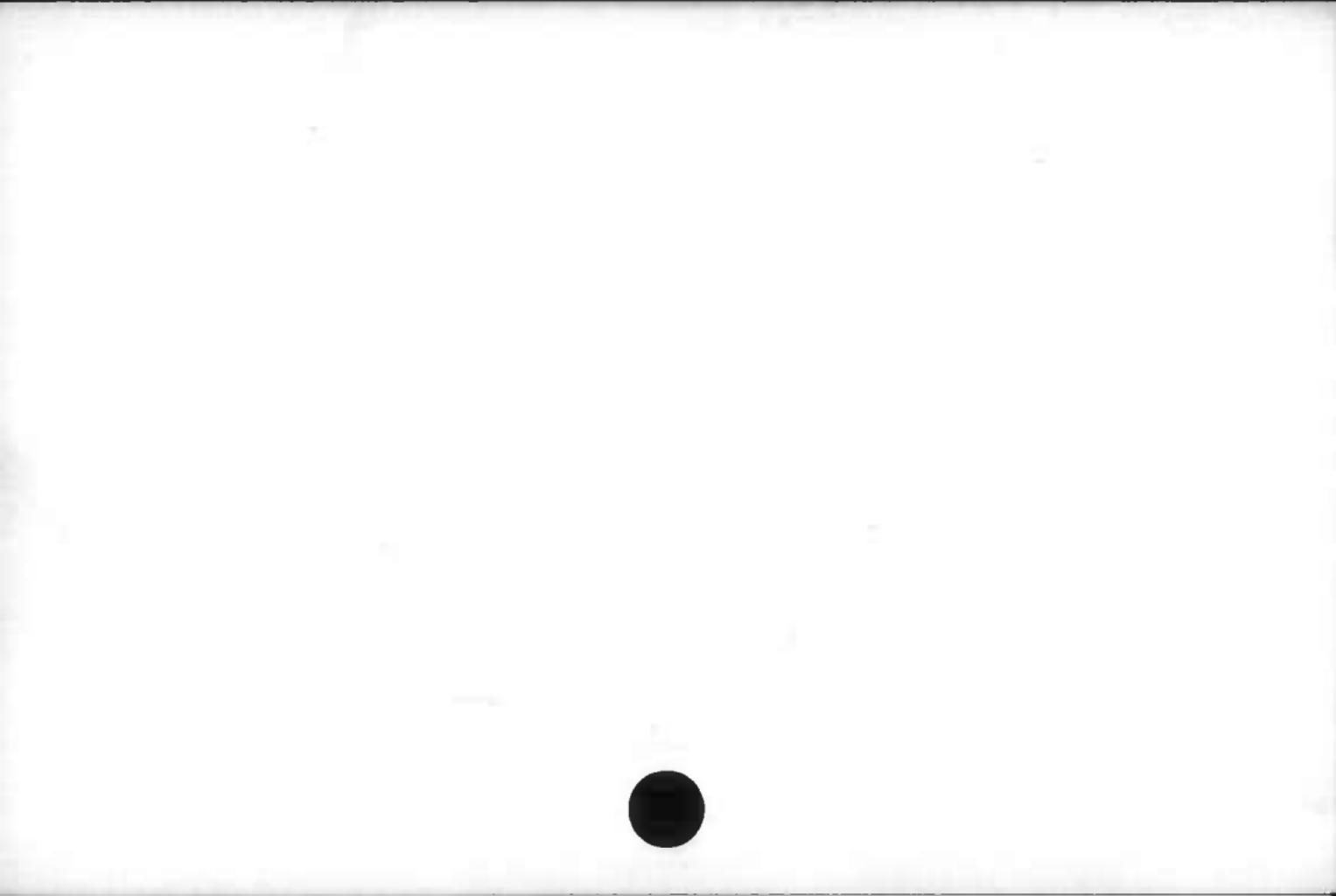
yes

Signature of  
Physician

Address

J. C. Eldeed  
Spurs Point,  
Md 15

Accident or Suicide



Name  
in  
Full

Alban Matthes

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	1501 N. Beale & Green St., Baltimore, Md.			
Father's Name	Elizabeth Matthes				
Mother's Maiden Name	Germany				
Name of person giving information	wife				

Male white Germany

Confectioner

Married Elizabeth Matthes

Johan. Dopke Matthes

Johanna M. Krug

Elizabeth Matthes

CAUSES OF DEATH

67

How long

2 yrs

How long

4 days

Primary

General Paralysis

Immediate

Cerebral Effusion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Grey Nade  
Leetonsville, Md.

PHYSICIAN  
OR CORONER

D

Accident or Suicide?

No

Baltimore Cemetery  
October 3<sup>rd</sup>, 1909  
Christian Miller  
1334 Jefferson St.

Vinceslava Mernerua

## CERTIFICATE OF DEATH

Died at Highlandton Town Baltimore County  
 Date of death 1909 Month Oct. Day 1 Years - Months - Days 7  
 Sex Female Color or Race White Birth-place Highlandton  
 Occupation - Where Residing if not at place of death -

Married, Single or Widowed - Name of Wife or Husband -

Father's Name Frank Mernerua Father's Birthplace Bohemia

Mother's Maiden Name Helenka Svetak Mother's Birthplace Scov.

Name of person giving Information Helenka Mernerua How related to deceased Mother

## CAUSES OF DEATH

151

Primary Marasmus  
 Immediate -

How long

Don't know

How long

Grown

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

V. J. Suder MD  
352 3/4 E. Baltimore

8

Accident or Suicide?

12

Oak Hill Cemetery

Oct 4/09

Frank Crouch and Son

500 S Fifth St

Name  
in  
Full

Otto George Michael

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

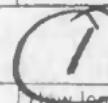
Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	100 Stafford St				
Father's Name	Otto Michael		Father's Birthplace	Germany		
Mother's Maiden Name	Minnie Hobbes		Mother's Birthplace	Germany		
Name of person giving information	Minnie Michael		How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Syphoid fever



How long

3 weeks.

Immediate

perforation intestine - operation.



How long

20 hrs.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Fred J Cronk

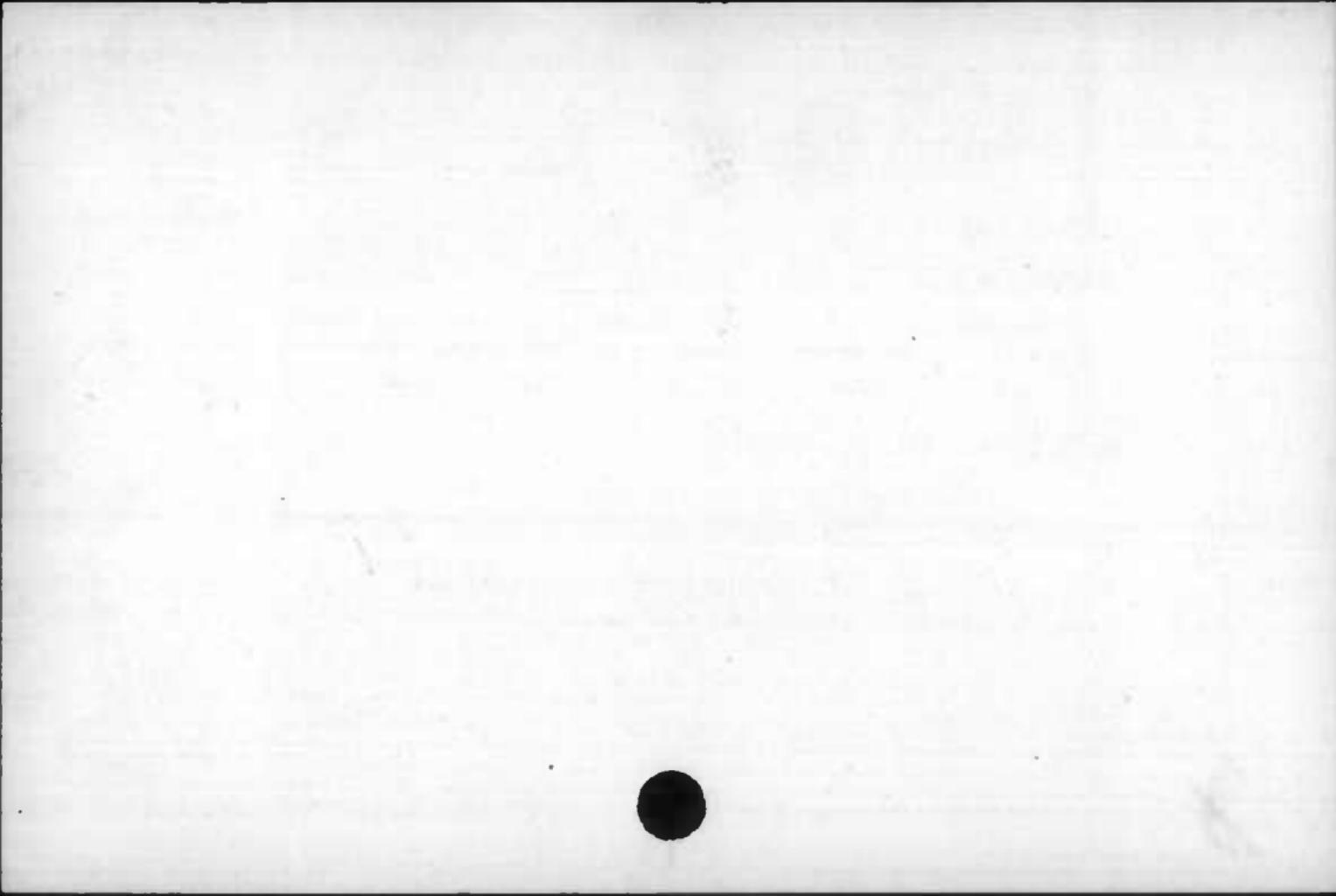
Address

St Agnes Hospital  
Baltimore



Accident or Suicide?

Yes  
No



Name  
in  
Full

Robert J. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND	
Date of death 190	Month Oct	Day 4	Years 72	Months	Days
Sex Male	Color or Race white	Birth-place Baltimore			
Occupation Insurance	Where Residing if not at place of death Baltimore				
Married, Single or Widowed Married	Name of Wife or Husband Magdalene Miller				
Father's Name William Miller	Father's Birthplace Carlisle Pa				
Mother's Maiden Name Anna Stoeffer	Mother's Birthplace Pa				
Name of person giving Information Robert J. Miller Jr.	How related to deceased Son				

CAUSES OF DEATH

Primary Dilated Heart	79	✓
Immediate Pulmonary Oedema	2 years	
Are the name, age, sex, color, date and place correctly given above? Yes	How long 8 days	
Signature of Physician W.H. Pease	Address 2105 N. Charles St	
Address	Baltimore Md	
Accident or Suicide?		

Henry H. Jenkins & Sons Co

Oct 6 = 1909

Government Cem Ballt.

Name  
in  
Full

Un-named infant Nitzel

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Charles G. Nitzel			
Mother's Maiden Name	Helfie May Reeves			
Name of person giving Information	Charles G. Nitzel			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Acute Pneumonia

Immediate

Are the name, age, sex, color, date and place correctly given above?

J

Accident or Suicide?

Signature of Physician

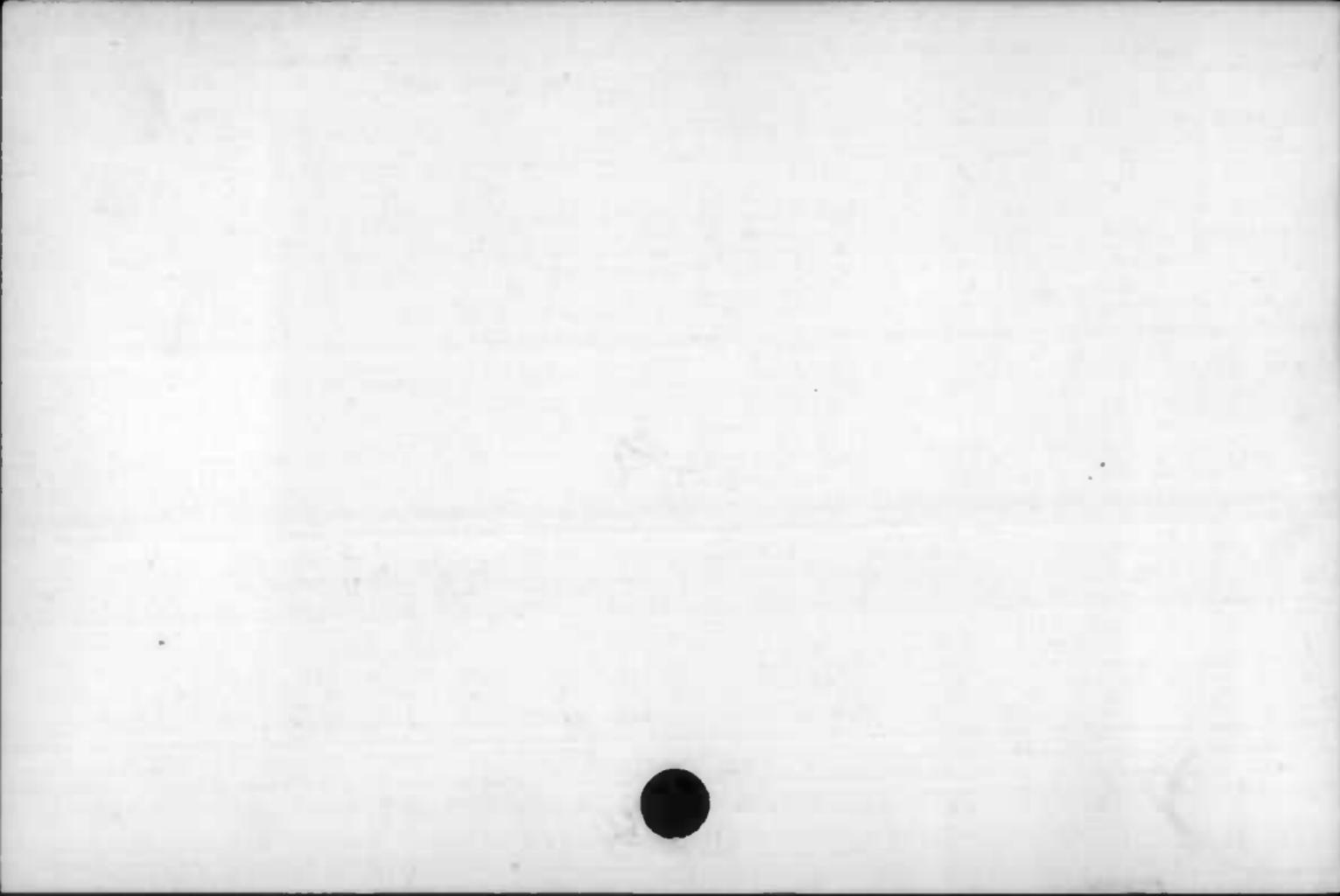
Address

93

How long

How long

one day.



Name  
in  
Full

~~Monett~~, Zachariah Monett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Lealotsville

County

Baltimore

MARYLAND

Date of death

Month

Day

1909 Oct 16

Year

34

Month

Days

Sex  
Occupation

Male

Color or Race

white

Birth-place

Maryland

Married, Single  
or Widowed

Single

Name of Wife or Husband

X

Where Residing if not  
at place of death

X

Father's Name

Lunk

Father's Birthplace

Lunk

Mother's Maiden Name

Lunk

Mother's Birthplace

Lunk

Name of person giving Information

✓

How related to deceased

✓

Primary

Chronic Mania

CAUSES OF DEATH

120

How long

✓

1 Gr

Immediate

Exhaustion from Bright Disease

How long

2 mos.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

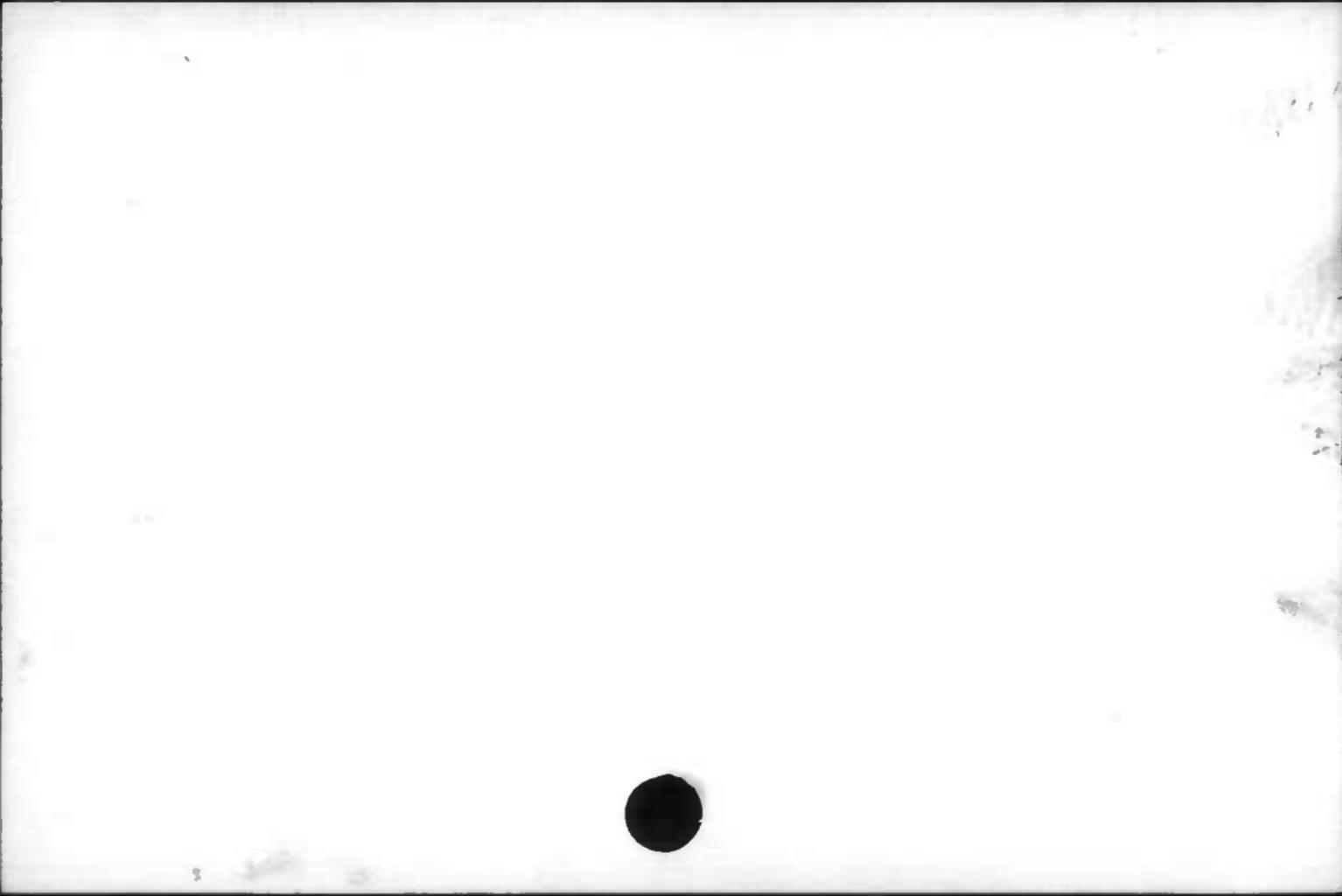
Address

J. Percy Wade  
Lealotsville, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

No.



Name  
in  
Full

Hannah Randolph Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Town

County

Arlington

Baltimore

Date  
of death 190

Month

Day

Years

Months

Days

9

10

11

94

Age

Color or  
Race

Birth-  
place

7

Fair complexion

White

Virginia

Sex

Occupation

Where Residing if not  
at place of death

H. H.

Arlington, Md.

Married, Single

Widow

Name ~~Wife~~

Husband

George W. Moore

Father's  
Name

Alexander Harrison

Father's  
Birthplace

Virginia

Mother's  
Meiden Name

Amy Garland

Mother's  
Birthplace

Virginia

Name of person giving  
Information

Harry Midwood

How related  
to deceased

Grandson

CAUSES OF DEATH

Primary

Suicide

154

How long

Immediate

Suicide

How long

Are the name, age, sex, color,  
and place correctly given above?

Signature of  
Physician

Address

4 days  
H. H. Moore,  
Md.  
H. E. 3

PHYSICIAN  
OR CORONER

Accident or Suicide

Place of burial, Greenmount Cemetery.  
Undertakers, Henry W. Mears & Son.

Name  
in  
Full

Carl Johann Heinrich Nitze

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Roland Park Town Baltimore County

Date of death 1909 Month Oct Day 21

Age 79 Years

Months 2 Days 3

Sex Male Color or Race

White

Birth-place Magdeburg Germany

Occupation Banker

Where Residing if not  
at place of death

Roland Park

Married, Single  
or Widowed

Married Name of Wife or  
Husband Elizabeth Bornemann (Nitze)

Father's  
Name

Johann Heinrich Nitze

Father's  
Birthplace Germany

Mother's  
Maiden Name

Dorothea Schneider

Mother's  
Birthplace ..

Name of person giving  
Information

Mrs. Carl J. W. Nitze

How related  
to deceased

Wife

CAUSES OF DEATH

Primary

Senile Arterio-Sclerosis

64

Immediate

Cerebral Hemorrhage

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

M. Gibson Polk

Address

Roland Park, Md.

Accident or Suicide

No

Newporters & Sons, Co  
Funeral Directors  
Loudon Park  
Funeral Oct 23<sup>rd</sup> 1909 2 P.M.

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Charles Bernard Noppenberger

CERTIFICATE OF DEATH

Died at <u>Cockeysville</u>		Town	County <u>Baltimore</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>Oct</u>	Day <u>7</u>	Years <u>44</u>	Age	Months <u>1</u>	Days <u>8</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Clinton Md</u>			
Occupation <u>Salvor - Kipper</u>	Where Residing if not at place of death <u>no</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Catharine E Noppenberger</u>						
Father's Name <u>Charles Noppenberger</u>	Father's Birthplace <u>Bavaria</u>						
Mother's Maiden Name <u>Margaret Guenbert</u>	Mother's Birthplace <u>Bavaria</u>						
Name of person giving Information <u>Wm Catharine Noppenberger</u>	How related to deceased <u>Wife</u>						

CAUSES OF DEATH

27

✓  
6 Months

Primary Tuberculosis

How long

Immediate Tuberculosis Meningitis

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr B. J. Benson

Address

Cockeysville Md

8

Accident or Suicide?

Funeral at Jefferson Monday  
11<sup>42</sup> "

H. C. Brooks

Name  
in  
Full

Anne, Page.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1909	10	14	89	
Sex	Female	Color or Race	White	Birth- place
Occupation	Retired Housewife.			
Married, Single or Widowed	Married.	Name of Wife or Husband	Where Residing if not at place of death	
Father's Name	John Page			
Mother's Maiden Name	Eleanor Hill			
Name of person giving Information	Leonard Clifton			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cerebrovascular Disease -	
Immediate	Paralysis.	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician
J	Address	
Accident or Suicide?	Jas. J. Grimes Baltimore Maryland	

66

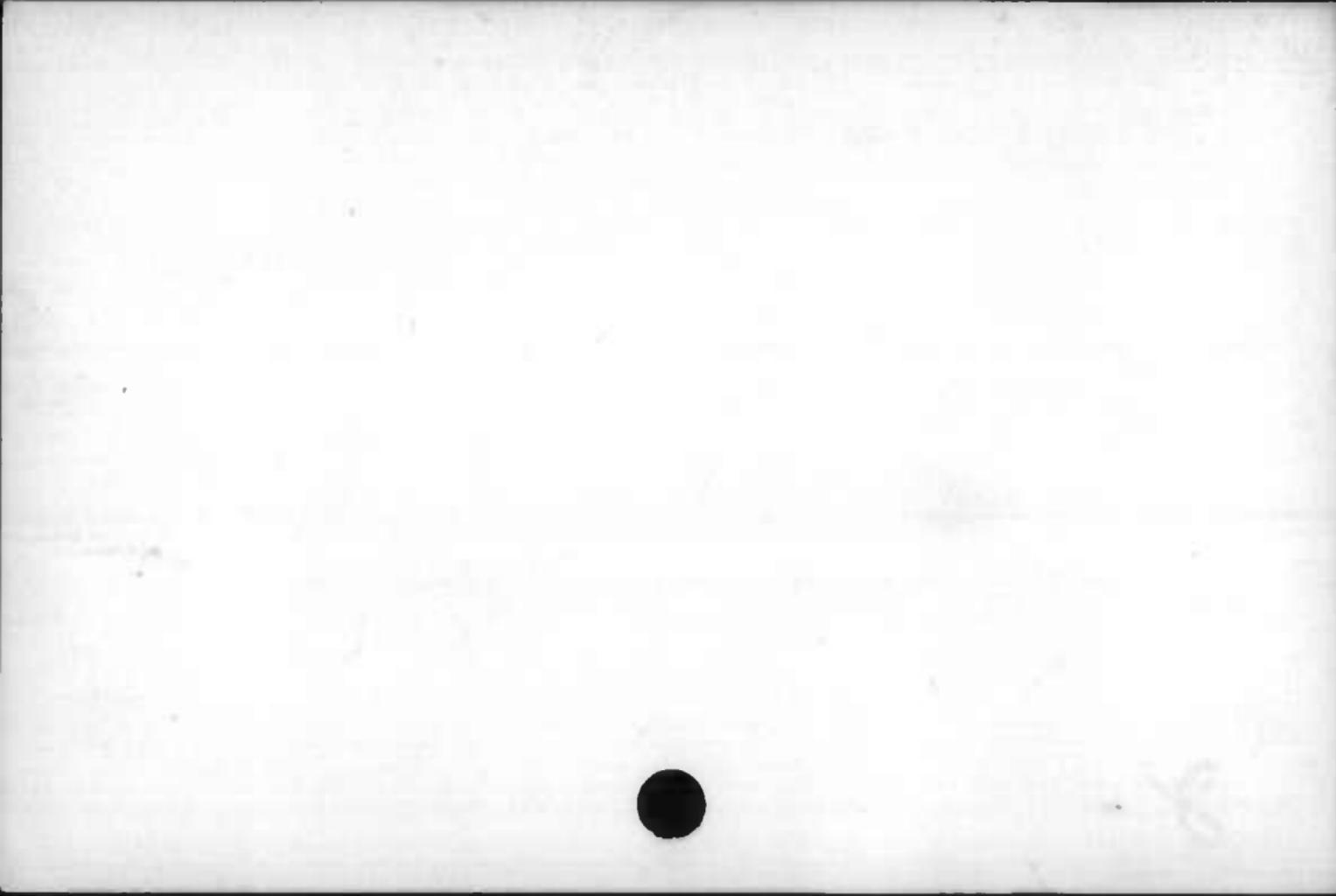
✓

How long

7 years

How long

6 days



Name  
in  
Full

Infant ~~dead~~

Pfeiffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Highlandtown			County	Baltimore	
Date of death 1909	Month Oct	Day 5	Age —	Years	Months	Days
Sex male	Color or Race		white	Birth-place	3217 Foster Ave.	
Occupation none				Where Residing if not at place of death	3217 Foster Ave.	
Married, Single <u>Widowed</u>	Name of Wife or Husband			none		
Father's Name	Frank Pfeiffer.			Father's Birthplace	Germany	
Mother's Maiden Name	Eva. Hochheim			Mother's Birthplace	Germany	
Name of person giving information	Eva Pfeiffer			How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Shoulder presentation; pressure on umbilical cord  
"still Born"

(S)  
How long

2 hrs.

Immediate

Asphyxia

How long

" "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. M. M. Rogers

J

Address

Connon & O'Donnell Sts.

Accident or Suicide?

(cont)

2<sup>nd</sup> to be delivered of twins. 1<sup>st</sup>. a female  
had an uneventful birth ~~but~~ second presented  
a shoulder with a prolapsed cord. when I was sent  
for (a midwife) care

A. M.

Sacred Heart Cemetery

Oct. 5<sup>th</sup> 1909

Silly and Triller

403 S. Wolfe St.

Name  
in  
Full

Mary Pilkey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Diad st	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	John P. Pilkey	Father's Birthplace	Dont know	
Father's Name	Dont know.	Mothar'a Birthplace	Dont know		
Mothar's Maiden Name	Dont know	How related to deceaad	no relation friend.		
Name of person giving Information	Amanda Ritter				

CAUSES OF DEATH

Primary

Apoplexy

64

✓  
16 da.

Immediate

Corra.

How long

3 da.

Are the name, age, sex, color, date and place correctly given above?

as near as possible

Signature of Physician

Yes no known relation  
Nature

Holmesland  
Govans Md.

Accident or Suicide

Address

Liston F. Russellbaugh  
51021 Bay st.

Name  
in  
Full

Violet M Pirie

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County		MARYLAND	
Died at Arlington	Baltimore			
Date of death 1907 Oct	Month Oct	Day 10 <sup>th</sup>	Years Age 14	Months 9
Sex Female	Color or Race white	Birth-place 17 Ards		
Occupation none	Where Residing if not at place of death Arlington			
Married, Single or Widowed Single	Name of Wife or Husband			
Father's Name Harry J Pirie	Father's Birthplace Md			
Mother's Maiden Name Estella Mc Boy	Mother's Birthplace		'	
Name of person giving Information M Louise Pirie	How related to deceased Sister			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Failure of heart due to  
a disease at birth

150

v

14 Years

Immediate Heart & Phrenopathy

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Wm D Wells  
Park Heights Ave

Accident or Suicide?

MARTIN FAHEY & SONS,  
Funeral Directors & Embalmers,  
606 & 608 W. LaFayette Ave.

TELEPHONE 1992,

New Cathedral Cemetery

Name  
in  
Full

unchristened Pitts

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Chase

County

Baltimore

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1909

Oct

17

—

5

—

Age

Sex

Female

Color  
Race

Colored

Birth-  
place

Baltimore

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Illegitimate

Father's  
Birthplace

Mother's  
Maiden Name

Mary. G. Pitts

Mother's  
Birthplace

Name of person giving  
Information

Harcord Co.

How related  
to deceased

Primary

CAUSES OF DEATH

Exposure

153

✓

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

How long

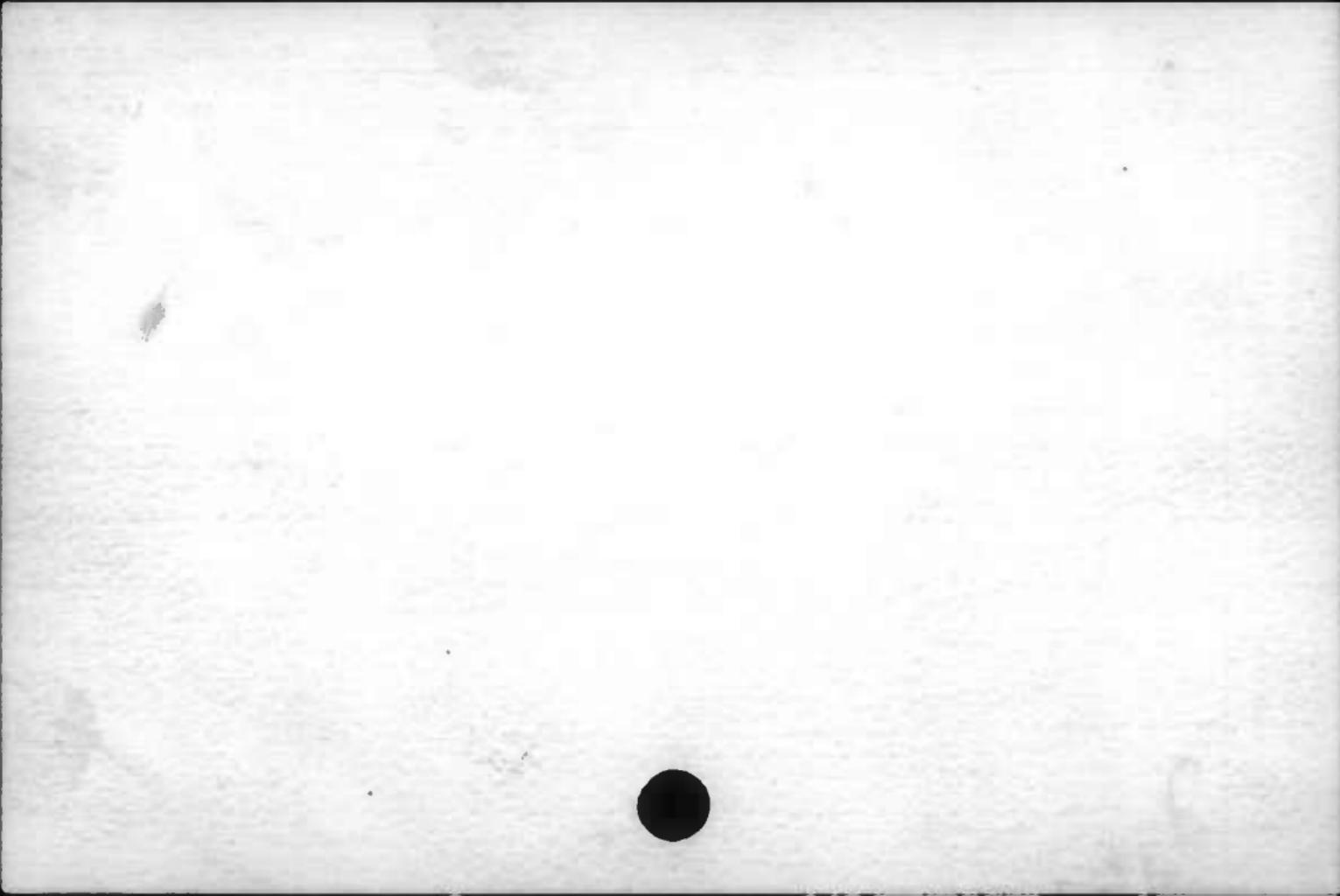
J

Accident or Suicide

Signature of  
Physician  
Address

yes

Jas F Gibson  
Chase  
Md 15



Name  
in  
Full

John P. Poe

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Ruxton</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>Oct</u>	Day <u>14</u>	Years <u>73</u>	Months <u>1</u>	Days <u>22</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birthplace <u>Baltimore</u>			
Occupation <u>Attorney at Law</u>	Where Residing if not at place of death <u>1501 Park Ave - Baltimore</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mrs. Annie Stough Poe</u>				
Father's Name <u>Neilson Poe.</u>	Father's Birthplace <u>Baltimore</u>				
Mother's Maiden Name <u>Josephine Clemm</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Edgar Allan Poe.</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

64

How long

4 days

2 day

PHYSICIAN  
OR CORONER

Primary

Central apoplexy

Immediate

oedema of the lungs

Are the name, age, sex, color, date and place correctly given above?

J

Accident or Suicide? —

Signature of Physician

Address

H. H. Babney M.D.  
Ruxton - Baltimore Co.

Henry H. Jenkins and Sons Co  
Greenmount Cem  
October 16<sup>th</sup> 1909

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Disat	Town	Count	MARYLAND
Date of death 190	Month	Year	Months Days
Sax	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Father's Name	Unknown	Mother's Birthplace	Mr Ryerson
Mother's Maiden Name	Unknown	How related to deceased	Unknown
Name of person giving Information	Mr Zimmerman	How long	None

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

(176)

How long

Primary

Suffocation by being

Immediata

caught by car in phosphates

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. Sculley

Accident

John's Hopkins  
Anatomical Board

Herrington  
10/27/09

Name  
in  
Full

Martha S. Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	
Died at Near Sweet Air	Baltimore	
Date of death 1909 Oct. 18	Month Oct.	Day 18
Age 53	Years	Months 7
Sex Female	Color or Race White	Days 26
Occupation Housewife	Where Residing if not at place of death James S. Powell	Birth- place California
Married, Single or Widowed widow	Name of Wife or Husband	Father's Name Wm. P. Wilson
Father's Name Wm. P. Wilson	Father's Birthplace Md.	
Mother's Maiden Name Caroline Hawkins	Mother's Birthplace Md.	
Name of person giving Information Mary W. Powell	How related to deceased Daughter	

CAUSES OF DEATH

64

How long

8 days

How long

PHYSICIAN  
OR CORONER

Primary

Cerebral Hemorrhage

Immediate

& Hemiplegia

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

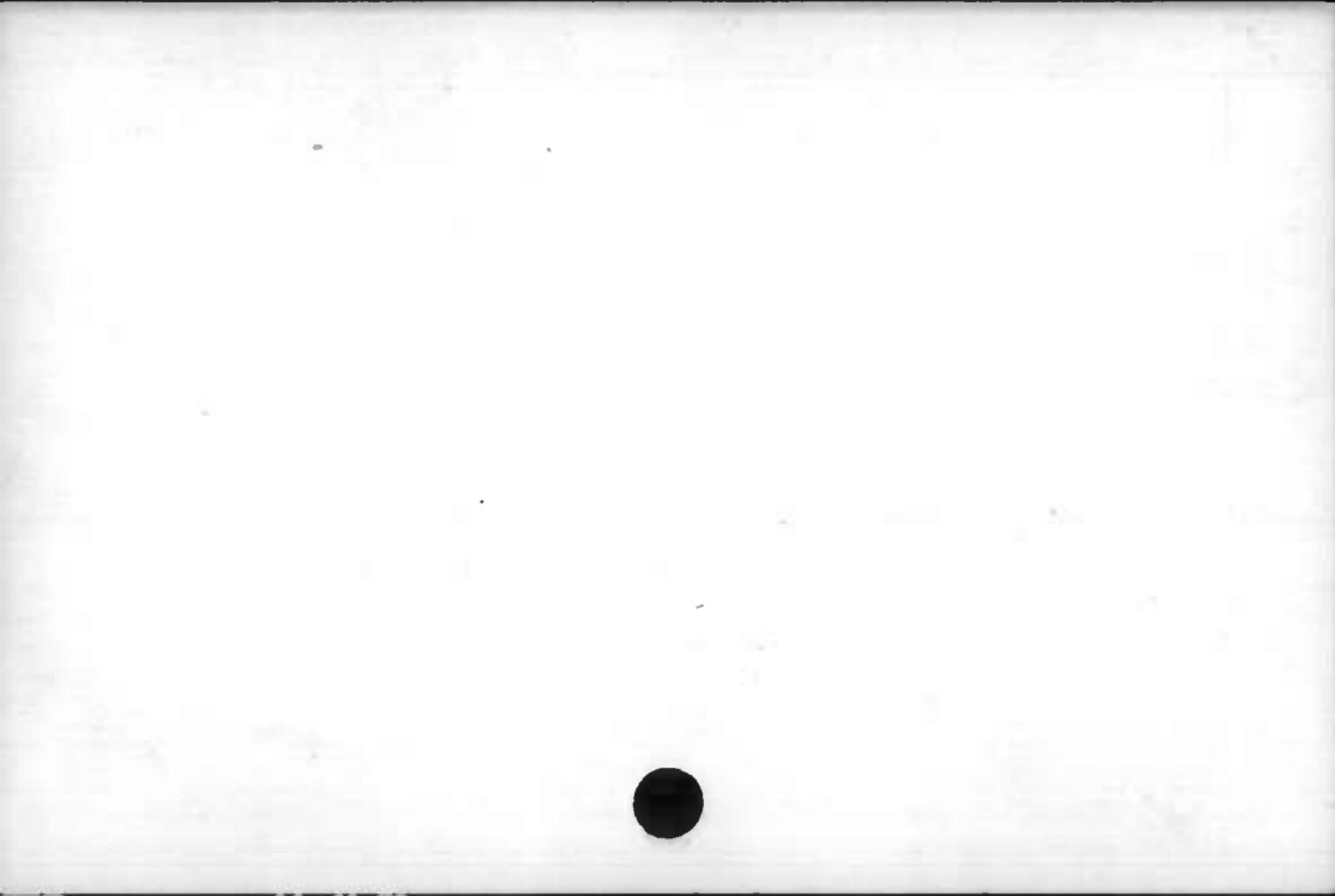
Address

Thos. H. Emory M.D.  
Monkstown, Md.

Accident or Suicide

no

10



**Name  
in  
Full**

Margaret. Rosser.

## **CERTIFICATE OF DEATH**

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Petty Hill</i>		County <i>Baltimore Co.</i>		MARYLAND	
Date of death	Month	Day	Years	Age	Montha	Deyas	
1909	<i>Oct.</i>	<i>6<sup>th</sup></i>		<i>31</i>			
Sex	Color or Race		Birth-place				
<i>Female</i>	<i>White</i>		<i>Baltimore Ind.</i>				
Occupation	<i>House Wife</i>						
Merried, Single or Widewed	Name of Wife or Husband		Where Residing if not at place of death				
<i>Married</i>	<i>Louis Trosser</i>		<i>Petty Hill Baltimore</i>				
Father's Name	<i>Germany John Biederick</i>		Father's Birthplace		<i>Germany</i>		
Mother's Meiden Name	<i>Mathilda</i>		Mother's Birthplace		<i>Germany</i>		
Name of person giving Information	<i>Louis Trosser</i>		How related to deceased		<i>Husband</i>		

PHYSICIAN  
OR COBONER

## Primary

Acute Pulmonary Tuberculosis

### Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

### Address

### Accident or Suicide

27

### How long

**How long**

3 years

Entertainment  
St Joseph  
Belair Road  
<sup>Cent</sup>

Geo. W. Grammer  
undertaker

Name  
in  
Full

Mary Alice Reid

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County			
Woodlawn.	Baltimore Co.			
Date of death	Month Day	Years	Months Days	
1909	October 8th	Monday	Age 5 years	10 months 18 days
Sex	Color or Race	Birth-place		
female	white	Baltimore		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Single	Dr E. Miller Reid			
Father's Name	Father's Birthplace			
John Allen	Maryland			
Mother's Maiden Name	Mother's Birthplace			
Amanda Smith	Maryland			
Name of person giving Information	How related to deceased			
H. G. M. Reid	Sister-in-Law			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Hepatitis

(64)

How long

7 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

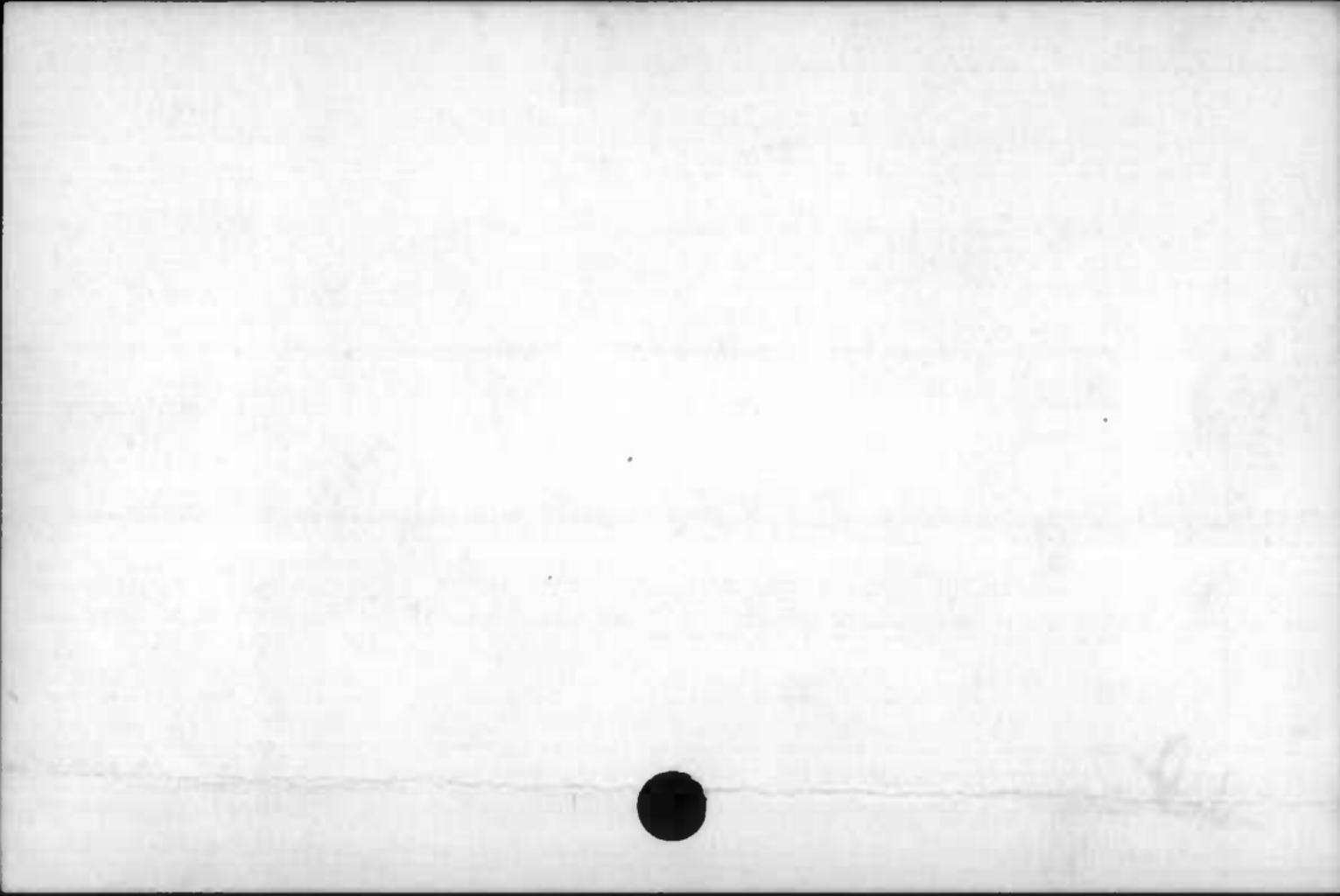
Signature of Physician

E. Miller Reid M.D.

Address

906 N. Fremont Ave  
Baltimore Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John E Rundollar

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Mt. Hope Retriev. Ballroom

Date  
of death

Month

Day

Years

Months

Days

1909 Oct

18<sup>th</sup>

Age 5-6

no known no known

Sex

Color or  
Race

White

Birth-  
place

Balto. Md.

Occupation

None

Where Residing if not  
at place of death

Baltimore Md.

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

not Known

Father's  
Birthplace

not Known

Father's  
Name

not Known

Mother's  
Maiden Name

"

"

Mother's  
Birthplace

" "

Name of person giving  
Information

Reeds Mt. Hope Retriev.

How related  
to deceased

not at all

CAUSES OF DEATH

(67)

✓

Primary

Mania Post Paralysis

How long

abs 7 mos

Immediate

Exhaustion -

How long

Are the name, age, sex, color, date  
and place correctly given above?

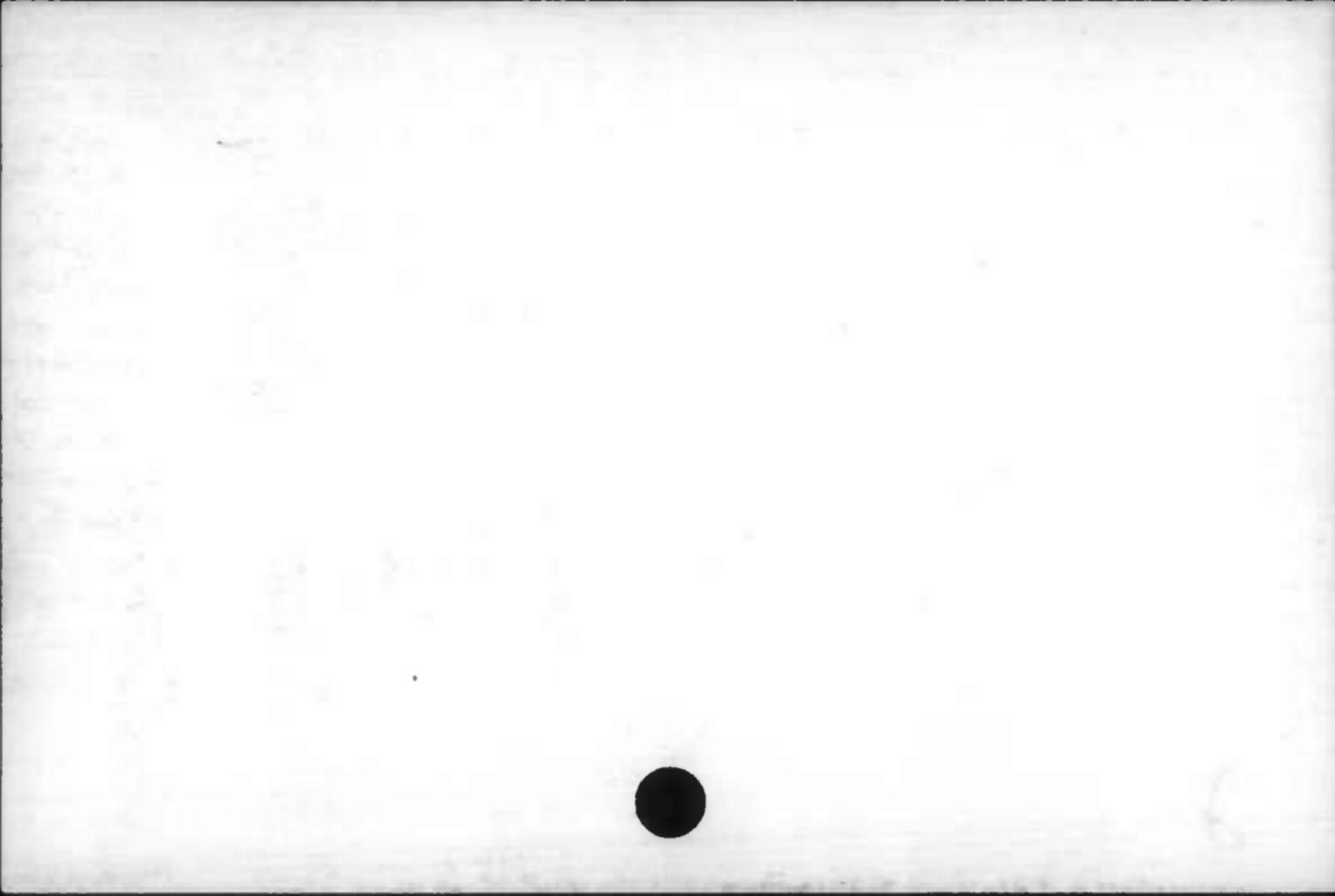
Yps

Signature of  
Physician

Address

Frank J Flannery  
Mt. Hope Retriev.  
Mt. Hope Me.

Accident or Suicide



Name  
in  
Full

W. H. J. Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at

Town

County

MARYLAND

Date  
of death

1904 Oct.

Month

Day

Years

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Balts.-Ios

Occupation

None

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

George J. Rice

Father's  
Birthplace

Ned

Mother's  
Maiden Name

Maggie B. Trigger

Mother's  
Birthplace

Was

Name of person giving  
Information

Wm. H. J. Rice

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Indigestion

104

✓

How long

11 months

Immediate

Inflammt. Throats & Spleen

How long

4 maly

Are the name, age, sex, color, date  
and place correctly given above?

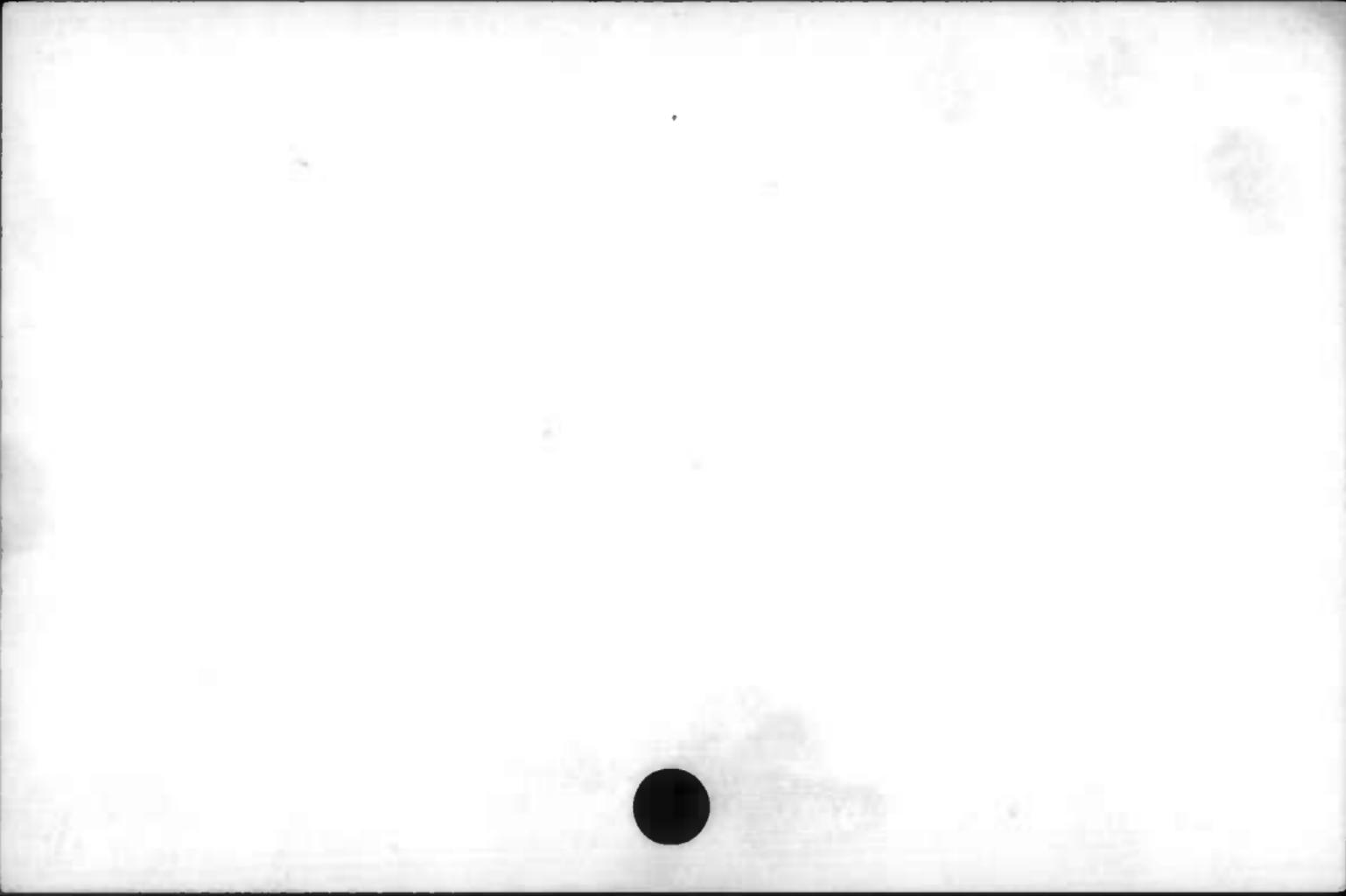
Y

Signature of  
Physician

Address

I le gleded W. H.  
Spanisht

Accident or Suicide



Name  
in  
Full

Arnold Dallas Richards

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at	Town	County	MARYLAND
Date of daath 1909	Month Oct	Day 12	Years 16
Sex Male	Color or Race White	Montha 8	Days 7
Occupation Weaver Cotton Duck	Where Residing if not at place of daath Mt. Washington	Baltimore city	
Marriad, Single or Widowad .	Name of Wifa or Husband Single None	Father's Birthplace Carroll Co.	
Father's Name Isaac Howard Richards	Mothar'a Birthplace Harford Co.		
Mothar's Maiden Name Alvilda Leafmen Saundor	How related to deceaaed Mother		
Name of person giving Information Alvilda L. Richards			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Organic Heart Lesion

Immediate

Heart failure

Are the name, aga, aex, color, date and place correctly given above ?

Yes

Signature of  
Physician

Address

79

How long

about 10 year

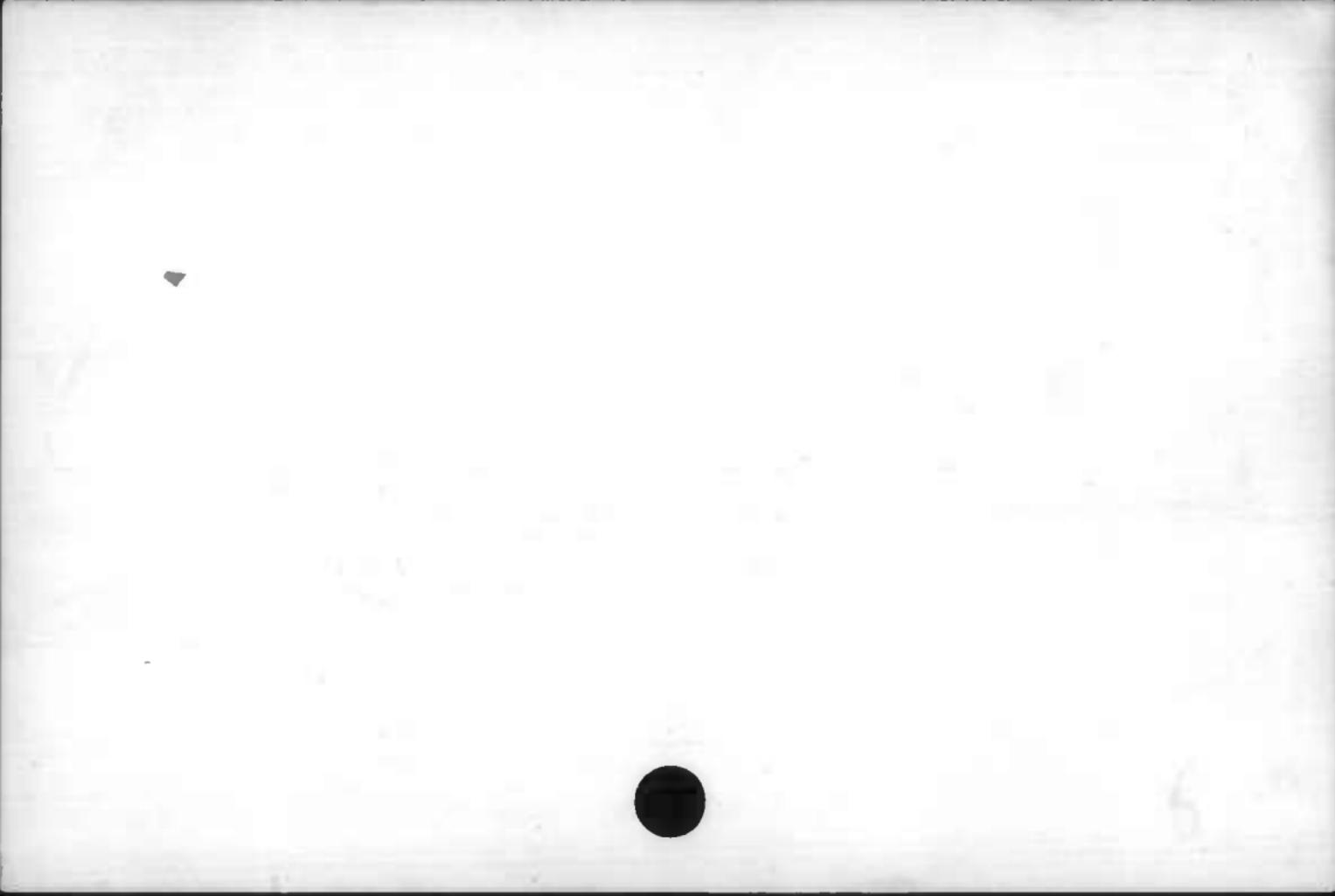
How long

immediate

J

Accident or Suicide

Coroner St. Holliday Emick  
Arlington Md.



Name  
in  
Full

Dietrich Ribken  
Raspeburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month 10	Day 18	Years 66	Month 5	Days 21
Sex	M	Color or Race	N	Birth-place	Germany	
Occupation	City Employee-Supt. Adm. Secy.					
Married, Single or Widowed	M	Name of Wife or Husband	Henrietta (Krumm) Ribken			
Father's Name	Reinhardt Ribken					
Mother's Maiden Name	Catherine Ribken					
Name of person giving Information	Mrs. Edw. S. Schubert					

CAUSES OF DEATH

166

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Cerebral Hemorrhage from fall

How long

3 hours

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

A. L. Wilkerson  
Raspeburg, Md.

Accident

8

Balto. lemnitis

Oct 21, 1909

Sanda Sons

Name  
in  
Full

Howard L. Ritter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Lella			Balto			
Date of death	Month	Day	Years	Months	Days	
1909	Octo	16	1	8	2	
Sex	Color or Race		White			
Male	White		Maryland			
Occupation	Where Residing if not at place of death					
None	Lella					
Married, Single or Widowed	Name of Wife or Husband		None			
Single	None					
Father's Name	Charles W. Ritter					
Mother's Maiden Name	Dora E. Fiel					
Name of person giving Information	Chas W. Ritter					
Father's Birthplace	Maryland					
Mother's Birthplace	Maryland					
How related to deceased	Father					

CAUSES OF DEATH

105

How long



2 weeks

How long

Primary

Enteritis

Immediate

Coathemus

Are the name, age, sex, color, date  
and place correctly given above?

J

Accident or Suicide

Signature of  
Physician

Address

Mr. W. P. Rogers Esq.  
Elliott City Md

Easton Sons  
Delta County.

Name  
in  
Full

John Robinson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County*	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	2142 - W. Fayette	
Father's Name	Elizabeth - Robinson		
Mother's Maiden Name	Riley	Father's Birthplace	Canada
Name of person giving information	Connie Robinson	Mother's Birthplace	Unknown
		How related to deceased	Daughter

CAUSES OF DEATH

Primary

Cocaine in Stomach

40

V

6 mos +

Immediate

Innervation (pyloric obs.)

How long

1 mo.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

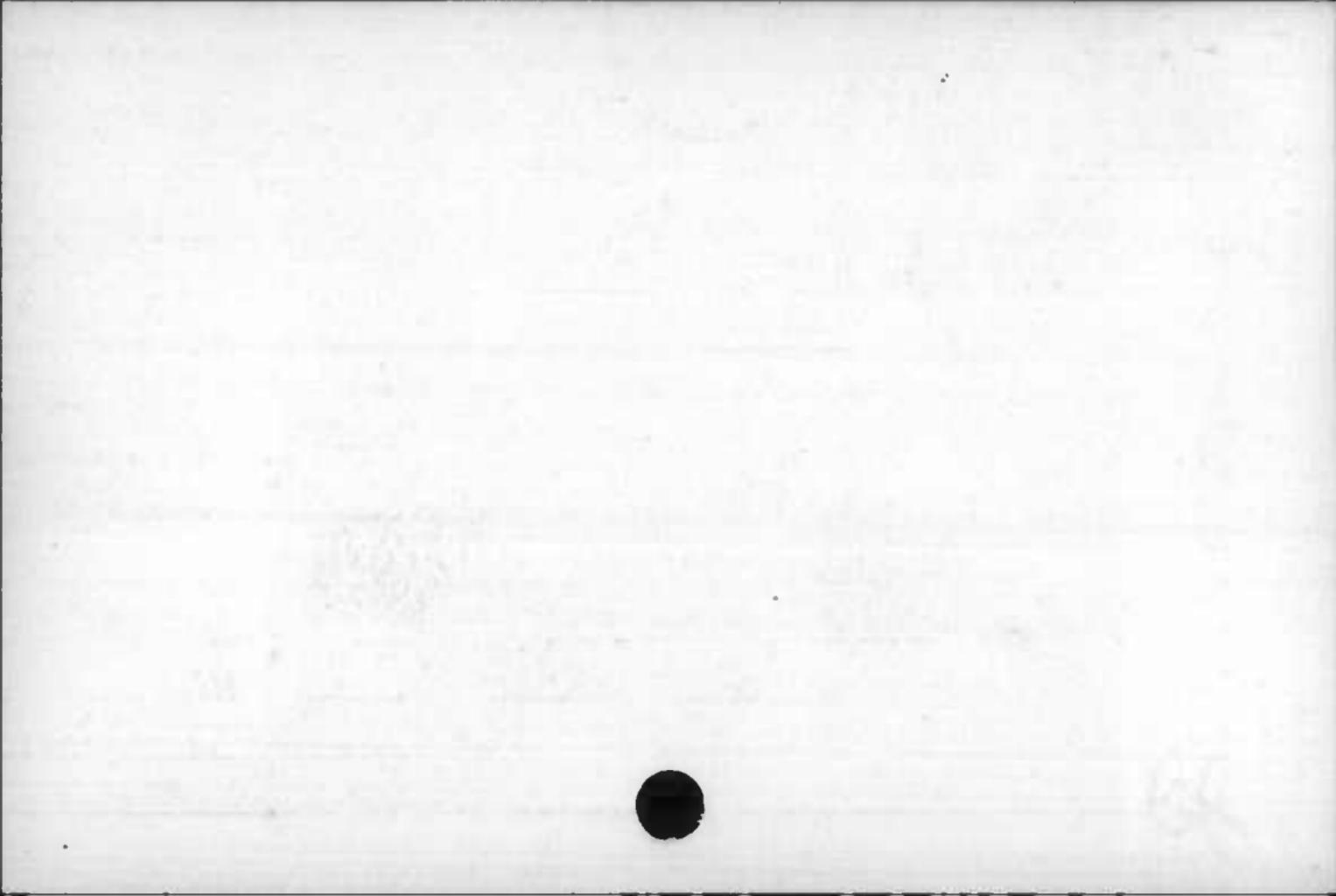
J

Yes  
No

Fred Y. Crook

Hopkins Hospital

Accident or Suicide?



Name  
In  
Full

Maggie Robinson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1909	Oct.	7	88		—	—	
Sex	Junior	Color or Race	(col)		Birth-place	md.	
Occupation	Housewife			Where Residing if not at place of death	Towson		
Married, Single or Widowed	Married	Name of Wife or Husband	Isaac Robinson				
Father's Name	Dont know			Father's Birthplace	dont know		
Mother's Maiden Name	Lucy Boyer			Mother's Birthplace	dont know		
Name of person giving information	Jannie Robinson			How related to deceased	daughter		
CAUSES OF DEATH							
Primary	Endo-Carditis & Nephritis			How long	79	✓	
Immediate	Cardiac Asthma			How long	14 months		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	J. Goyette, M.D.		
J.				Address	Powers md.		
Accident or Suicide?							

undertaker  
Robert A Elliott  
Baileys Md  
Sandy Bottom Cemetery

Name  
in  
Full

Charles E. Roever.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	Dighland	County,	Baltimore		
Date of death	1909	Month Oct	Day 1 <sup>st</sup>	Years 29	Months Nine	Days	
Sex	Male	Color or Race	White	Birth-place	Germany		
Occupation	Barber			Where Residing if not at place of death	3401 E. Pratt St. Highland Town		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Herman Roever			Father's Birthplace	Germany		
Mother's Maiden Name	Ida Bridine			Mother's Birthplace	" "		
Name of person giving Information	Clara Roever.			How related to deceased	Sister		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Suicide by pistol

Immediate

shot wound

Are the name, age, sex, color, date and place correctly given above?

J

Accident or Suicide?

Signature of Physician

Address

3323 1/2 Dundalk

(159)

How long

How long

IV

How long

Mrs. & Mrs John W. Teufel

801 W. Fayette St.

Schwarz Cemetery -

Oct. 9<sup>th</sup> /09:

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH					
MARYLAND					
Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race		Age	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	3506 Hudson St.			
Father's Name	Unknown				
Mother's Maiden Name	Unknown				
Name of person giving information	Walla Winston				
CAUSES OF DEATH					
Primary	Pulmonary Tuberculosis				
Immediate	27 weeks				
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	G. P. Rogers		
		Address	820 N. Euclid		
Accident or Suicide?					

Alex Hensley  
538 W. Middle St  
Baltimore City

Asbury Cemetery  
Oct 28/88

Name  
in  
Full

Edgar A. Sackleen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
Sex	Color or Race	Age	Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information	How related to deceased		

St. Helena Balto. Co.

19 3 1 21

Male W.

Balto. Co. St. Helena

None

Werner Sackleen

Rosie Mongahey

Werner Sacklein

Bengland

Father

PHYSICIAN  
OR CORONER

Primary

CAUSES OF DEATH

Acute Colitis

105

✓  
3 days

Immediate

Marasmus

How long  
1 mo

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

J. J. Sudkiss  
3323 E. 1st St.  
Balto.

12

Oak Lawn

Hemriggton

10/4/09

Name  
in  
Full

Adalar Schoening

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Highlandtown Town Baldo County

MARYLAND

Date of death 1909 Month Oct. Day 4 Age 77 Years Months 9 Days

Sex Male Color or Race White German Birth-place Germany

Occupation None Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Adaly Margaret Schoening

Father's Name Don't know

Father's Birthplace Germany

Mother's Maiden Name Souisa Rockhansen

Mother's Birthplace Germany

Name of person giving Information Margaret Schoening

How related to deceased Wife

CAUSES OF DEATH

119

Primary Acute nephritis

How long

Immediate Jaundice

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J

Address

D. H. Jones  
3116 O'Connell St

Accident or Suicide

PHYSICIAN  
OR CORONER

Dr. Jones  
O'Donnell et.

---

J. George &  
Joseph J. Herr.

---

Oak Lawn Cemetery

Sept. 7/09

Name  
in  
Full

Anna See

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Baltimore County			MARYLAND	
Died at Yonkers	Month October	Day 8	Years 52	Months -	Days -
Date of death 1909	Sex Female	Color or Race White German	Birth-place Germany		
Occupation Companion	Where Residing if not at place of death Yonkers				
Married, Single or Widowed Single	Name of Wife or Husband -		Father's Birthplace Germany		
Father's Name See			Mother's Birthplace Germany		
Mother's Maiden Name See			How related to deceased Friends		
Name of person giving information Mrs Ferdinand Reinhard			How long 1 year		

CAUSES OF DEATH

45

V

PHYSICIAN  
OR CORONER

Primary

Cancer of omentum and abdominal viscera.

How long

1 year

Immediate

Exhaustion

How long

-

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John C. Manning

Yonkers

J

Accident or Suicide?

✓

Md

Homburg-  
Germany

---

W. M. Gauthrop  
North & Linden Aves.  
Baltimore  
Md

Name  
in  
Full

Catherine Seitz

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Highlandtown	Baltimore			Months	Days	
Date of death	1909	Month 10	Day 4	Years 70			
Sex	Female	Color or Race	White	Birth-place	Germany		
Occupation	none	Where residing if not at place of death			3 S East Ave		
Married, Single or Widowed	Widow	Name of Wife or Husband	John Seitz	Father's Birthplace	Germany		
Father's Name	Unknown			Mother's Birthplace	Germany		
Mother's Maiden Name	Unknown			How related to deceased	Son		
Name of person giving information	John Seitz			How long	120 V		
CAUSES OF DEATH				How long			

PHYSICIAN  
OR CORONER

Primary

Chronic Intestinal Dephatis, Several years.

Immediate

Pulmonary Congestion

How long

4 days.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

F. W. Hermann, M.D.

Address

31-5 E. Baltimore St.

Accident or Suicide

S. Mathews Com.

J. Henry Son

10/6/03

Name  
in  
Full

Maria A. Sipitsch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at

Town  
Canton

County  
Baltimore

MARYLAND

Date  
of death

1909 10

Month

Day

Years

Months

Deys

22 Age 60

87 27

Sex

Female

Color or  
Race

White

Birth-  
place

Germany

Occupation

Housewife

Where Residing if not  
at place of death

3232 O'Donnell St.

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Father's  
Name

don't know

Father's  
Birthplace

Germany

Mother's  
Maiden Name

don't know

Mother's  
Birthplace

Germany

Name of person giving  
Information

Hannetta Sipitsch

How related  
to deceased

daughter

CAUSES OF DEATH

Primary

Chronic Nephritis  
asthma

120

How long  
about 2 years

Immediate

How long  
6 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J

M. J. McAvoy M.D.  
1839 S Canton St

Accident or Suicide

—  
Tilly and Zeiler  
—

Sacred Heart Cemetery.  
Oct. 25 - 1909.

---

Name  
in  
Full

Arthur E. Shamer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Gorans town

County Baltimore

MARYLAND

Date of death 1909 Oct

Month Day 28 Age 31 -

Months Dey's

Sex Male

Color or Race

white

Birth-place

Baltimore

Occupation Painter

Where Residing if not  
at place of death

Gorans town

Married, Single  
~~or Widowed~~

Name of Wife or Husband

Margarett Mulligan

Father's Birthplace

Baltimore

Father's Name Theodore Shamer

Mother's Birthplace

Ohio

Mother's Maiden Name Mary J. Crow

How related to deceased

Brother in law

Name of person giving Information J. P. Grattan

CAUSES OF DEATH

Primary

Typhoid fever

①

✓

How long over 3 weeks

Immediate Perforation Bowel

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. M. Duncan

Gorans town

PHYSICIAN  
OR CORONER

J

Accident or Suicide

Undertakers

Martin Fahy & Sons

St Mary's

Gronaustrum

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mr. A. Sindall

Town

County

MARYLAND

Died at

Coronation

Balt. Co.

Date  
of death

Month

Day

Years

Month

Day

1909 Oct.

21

Age

44

2

10

Sex

Male

Color or  
Race

White

Birth-  
place

Balt. Co.

Occupation

Carpenter

Where Residing if not  
at place of death

Coronation

Married, Single  
or WidowedMarried Name of Wife or  
Husband

Sarah

Father's  
Name

Abraham Sindall

Father's  
Birthplace

Balt. Co.

Mother's  
Maiden Name

Sarah Charles

Mother's  
Birthplace

Balt. Co.

Name of person giving  
Information

Laura Russell

How related  
to deceased

Sister

## CAUSES OF DEATH

Primary

Injuries

27

✓

Immediate

How long

7 months

Are the name, age, sex, color, date  
and place correctly given above?

Yea

Signature of  
Physician

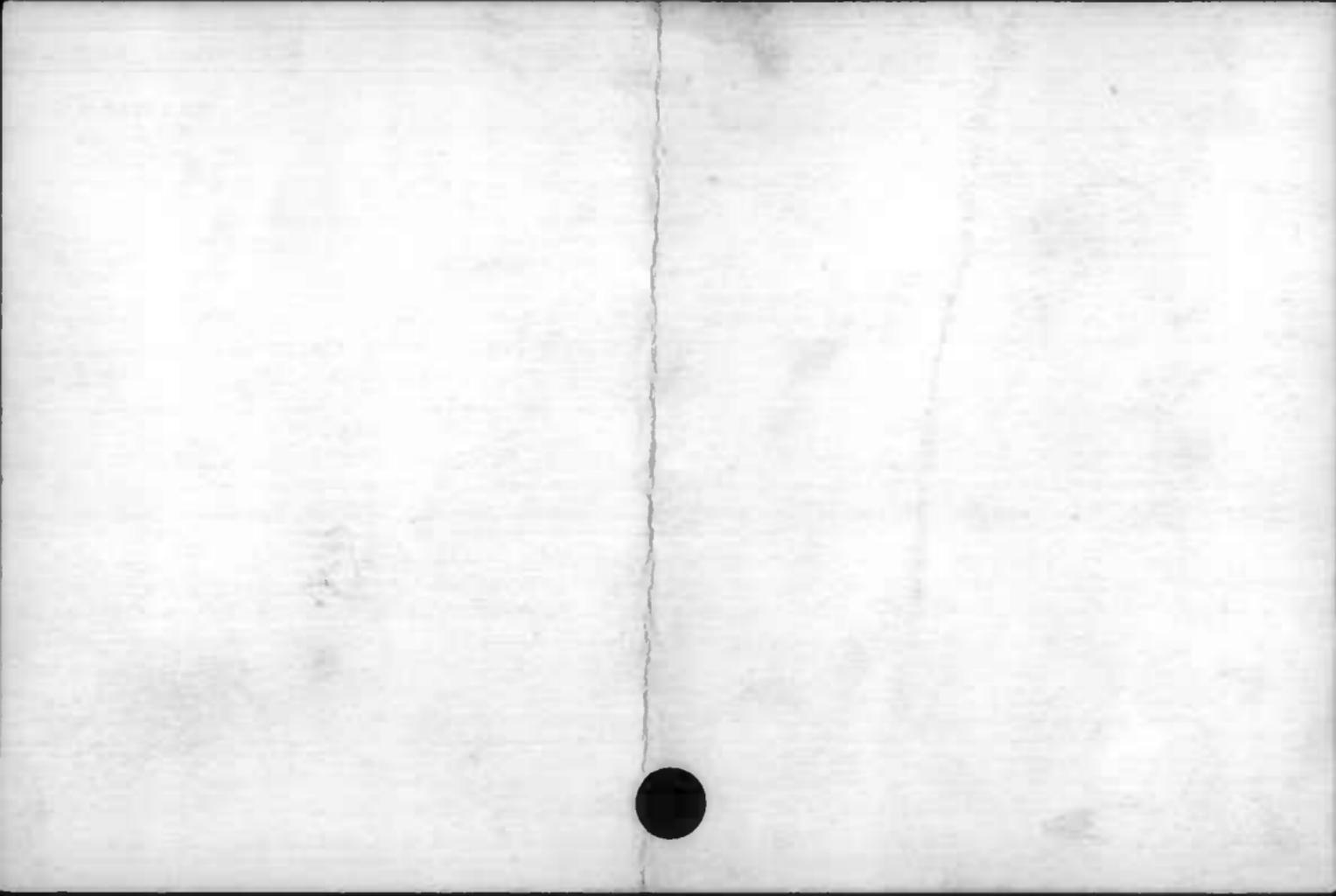
Address

C. V. Mace  
Rossville

Accident or Suicide

J

11



Name  
in  
Full

Anton Skerich

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	Oct	17	Age	8	22
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John Skerich	Father's Birthplace	Austria		
Mother's Maiden Name	Helena Julo	Mother's Birthplace	Austria		
Name of person giving information	John Skerich	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enteritis	
Immediate	Asthenia	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician
		Address
Accident or Suicide?	Annie L. Rittatola 827 Annapolis St.	

105

How long

7 months

How long

1 day

✓

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J. Scudder 822 Virginia

Sacred Heart Church  
of Santa Anna  
Oct 19/69.

Name  
in  
Full

Annie Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
1909	Month	Years	Days
Oct.	4	Age	Hours
Female	Color or Race	white	1st. Washington
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	1st. Washington
Father's Name	George J. Smith	Mother's Birthplace	Howard Co.
Mother's Maiden Name	Annie J. Wolfenden	How related to deceased	Father
Name of person giving Information	George Smith		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

By Cause unknown X

151

✓

How long

Immediate

Premature birth

How long

Are the name, age, sex, color, date  
and place correctly given above?

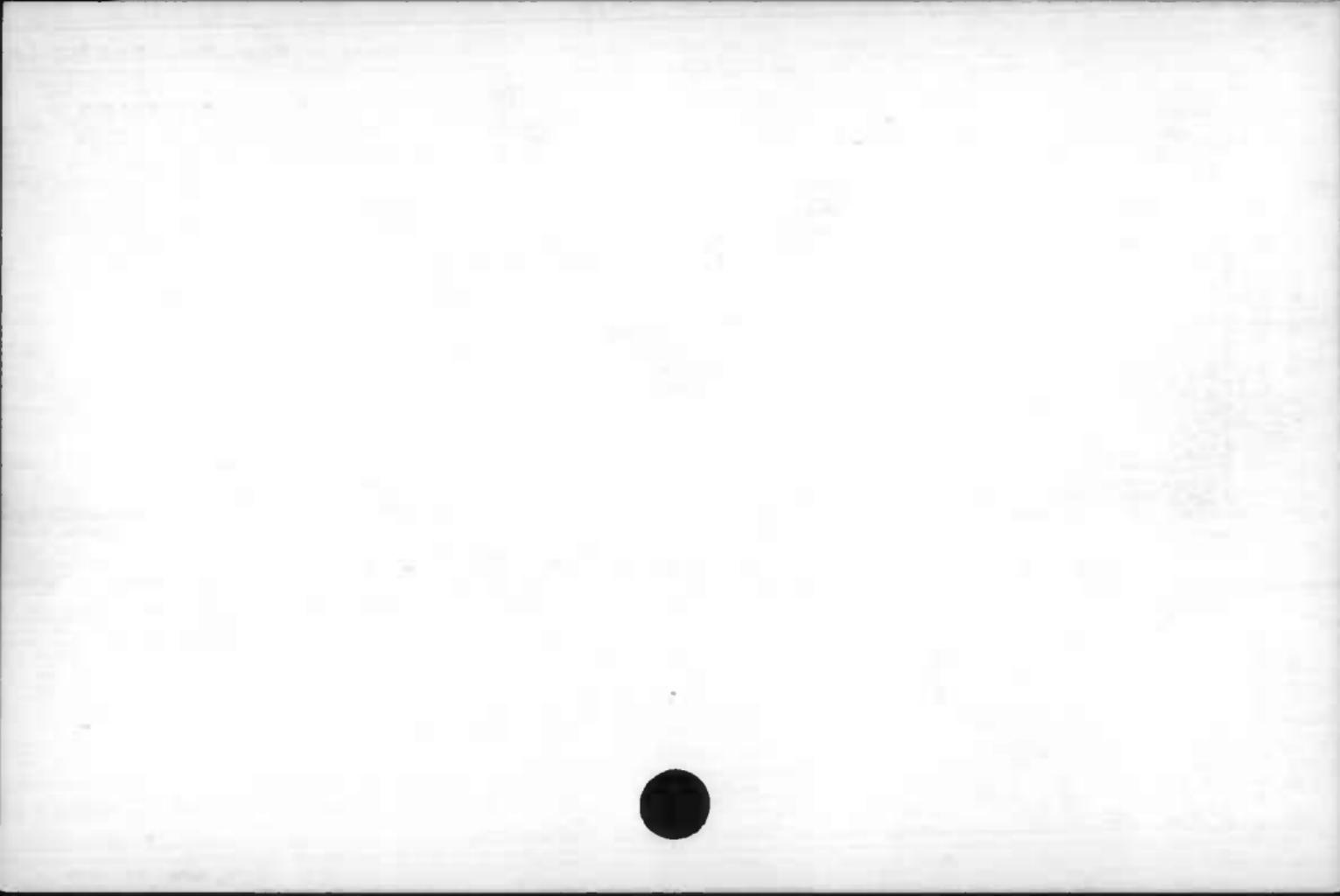
Signature of  
Physician

Address

Dr. Josiah S. Brown -  
1st. Washington, Md.

Accident or Suicide

+ Probably overexertion.



Name  
in  
Full

Dorothy Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Wash. Washington</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Oct</u>	Day <u>5</u>	Years	Months	Days <u>31 hrs.</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Wash. Washington</u>			
Occupation,	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>George J. Smith</u>	Father's Birthplace <u>Wash. Washington</u>				
Mother's Maiden Name <u>Annie J. Wolfenden</u>	Mother's Birthplace <u>Howard Co.</u>				
Name of person giving Information <u>George J. Smith</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Premature Birth

(151)

✓

1 month prey.

Immediate

Inufficient development

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J

Accident or Suicide

Jacot H. Kraft  
(Montaker)

Interment at

St. Mary's Cemetery  
Gorans - Md.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Smith George Smith  
Died at Town County  
Leatonsville Beltsville

CERTIFICATE OF DEATH

MARYLAND

Died at Month Day Year Months Days

Date of death 1909

Month

Day

Year

Months

Days

Age, 62

Sex Male

Color or  
Race

Birth-  
place

Maryland

Occupation Laborer

End

Where Residing if not  
st place of death X

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

link

Father's  
Name

link

Father's  
Birthplace

link

Mother's  
Meiden Name

link

Mother's  
Birthplace

link

Name of person giving  
Information

—

How related  
to deceased

✓

CAUSES OF DEATH

Primary

Organic Dementia  
4 transitor

68

How long

3 yrs

Immediate

How long

1 mo

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

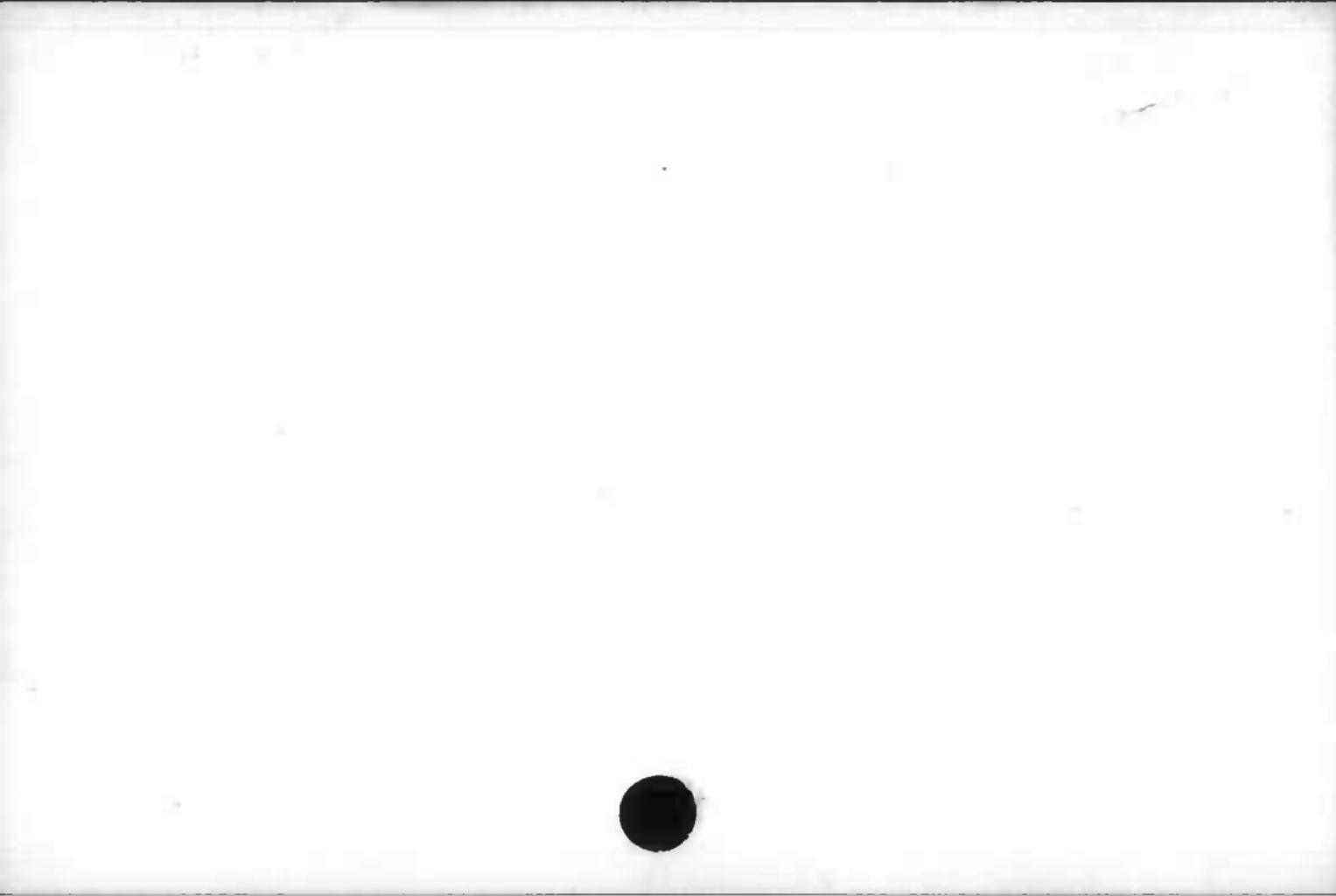
Address

Henry Nade  
Leatonsville Md

No

Accident or Suicide

D



Name  
in  
Full

John Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town white marsh	County Baltimore	MARYLAND		
Date of death	Month Oct	Day 24	Years Age 64	Months 0	Days 25
Sex	Male	Color or Race white	Birth- place Germany		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	sorrows	Name of Wife or Husband Augusta Smith	Father's Name Frederick Smith	Father's Birthplace Germany	
Mother's Maiden Name	Marguerite Damstadt	Mother's Birthplace Germany			
Name of person giving Information	W.W. Smith	How related to deceased son			

CAUSES OF DEATH

64

Primary	Central Haemorrhage		✓
Immediate	Asphenia		2 wks
Are the name, age, sex, color, date and place correctly given above ?	yes	Signature of Physician John W. Harrison M.D.	How long 4 day 5
Address Middle River Md			
Accident or Suicide	Yes		

PHYSICIAN  
OR CORONER

P. Lassau & Sons

St. Michael's Cemetery

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary Smith

Town  
McWashington.

CERTIFICATE OF DEATH

MARYLAND

Died at

Month

Day

County

Years

Months

Days

Date

of death 190

9 Oct.

5

Age

8

0

43 hrs

Sex

Female

Color or  
Race

white

Birth-  
place

McWashington

Occupation

wife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

George J. Smith

Father's  
Birthplace

McWashington

Mother's  
Maiden Name

Adrie Wolfenden

Mother's  
Birthplace

College Park MD

Name of person giving  
Information

George J. Smith

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Premature birth

151

How long

40 weeks gestation

Immediate

Asthemis

How long

life

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

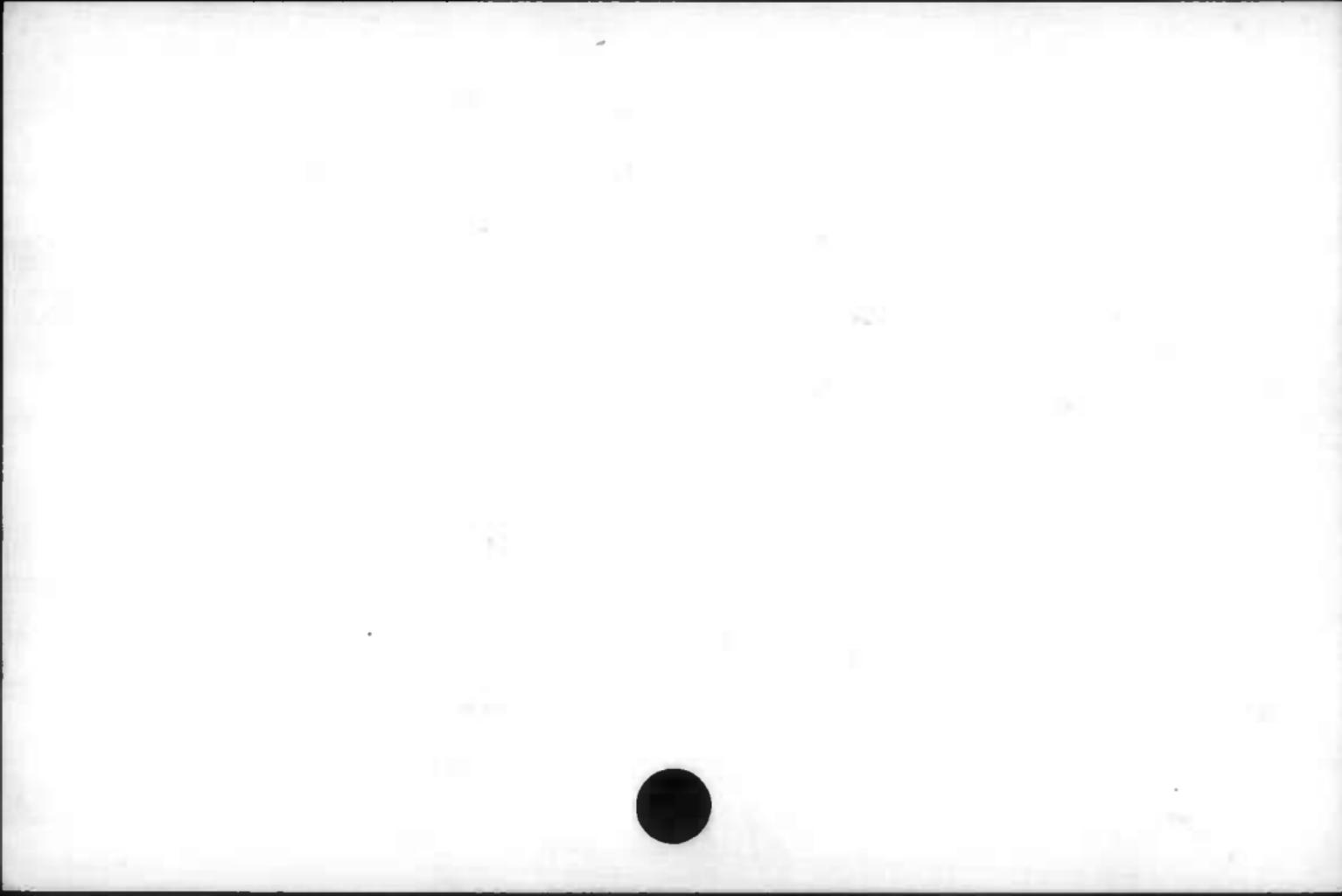
Address

William J. Ford  
McWashington

Accident or Suicide

At Bowens Avenue

3



Name  
in  
Full

Stella A. Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Hear Mt Hope	Baltimore		
Date of death	Month	Day	Month
1909	10	21	—
Age	Years	Months	Days
—	—	—	10
Sex	Color or Race	Birth-place	
Female	White	Balto. Co.	
Occupation	Where Residing if not at place of death	Hear Mt Hope	
Married, Single or Widowed	Name of Wife or Husband		
Singl	—		
Father's Name	Herbert Smith	Father's Birthplace	P.a.
Mother's Maiden Name	Laura Gustavus	Mothar's Birthplace	Md.
Name of person giving Information	Herbert Smith	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Symptomy todayd  
Inanition

151

✓

Immediate

10 day.

2 days.

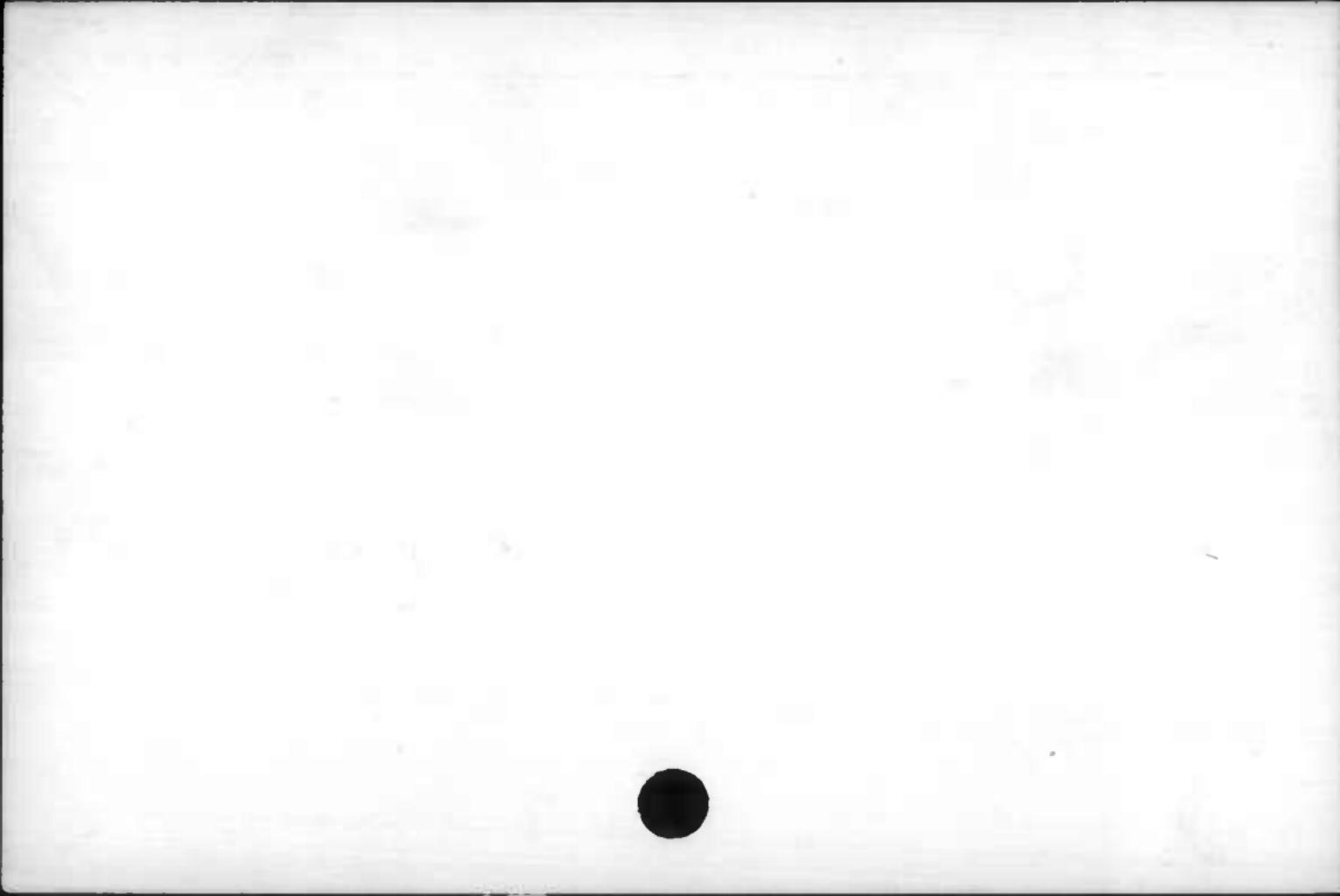
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physcian

Address

Accident or Suicide

MD Cox and  
Arlington.



Name  
in  
Full

Smith; William Crawford Smith  
Town Powson, Steppe) County Balto.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Date of death 1909 Month Oct. Day 13 Age 65 Years 3 Months 8 Days

Sex male Color or Race White Birth-place Georgia

Occupation Merchant Where Residing if not at place of death Elberton, Ga.

Married, Single or Widowed Married Name of Wife or Husband Mrs. W.C. Smith

Father's Name David Smith Father's Birthplace Ga.

Mother's Maiden Name Margaret Whaley Mother's Birthplace Ga.

Name of person giving Information Perry H. Smith How related to deceased Son

CAUSES OF DEATH

Primary Senile Dementia

154

How long

5 mos.

Immediate Exhaustion, Collapse

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Edward Smith

Steppe Steppe

Tolson Md

PHYSICIAN  
OR CORONER

J

Accident or Suicide

Wm. Cook.  
502. E. North ave  
Elberton  
Elbert. Co. Georgia

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1909	Oct	19	Age		3	
Sex	Male	Color or Race	colored	Birth-place	Baltimore Co.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Robert Smith					
Mother's Maiden Name	Telle Lewis					
Name of person giving information	Edward Greenly					

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary

Could not take nourishment.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

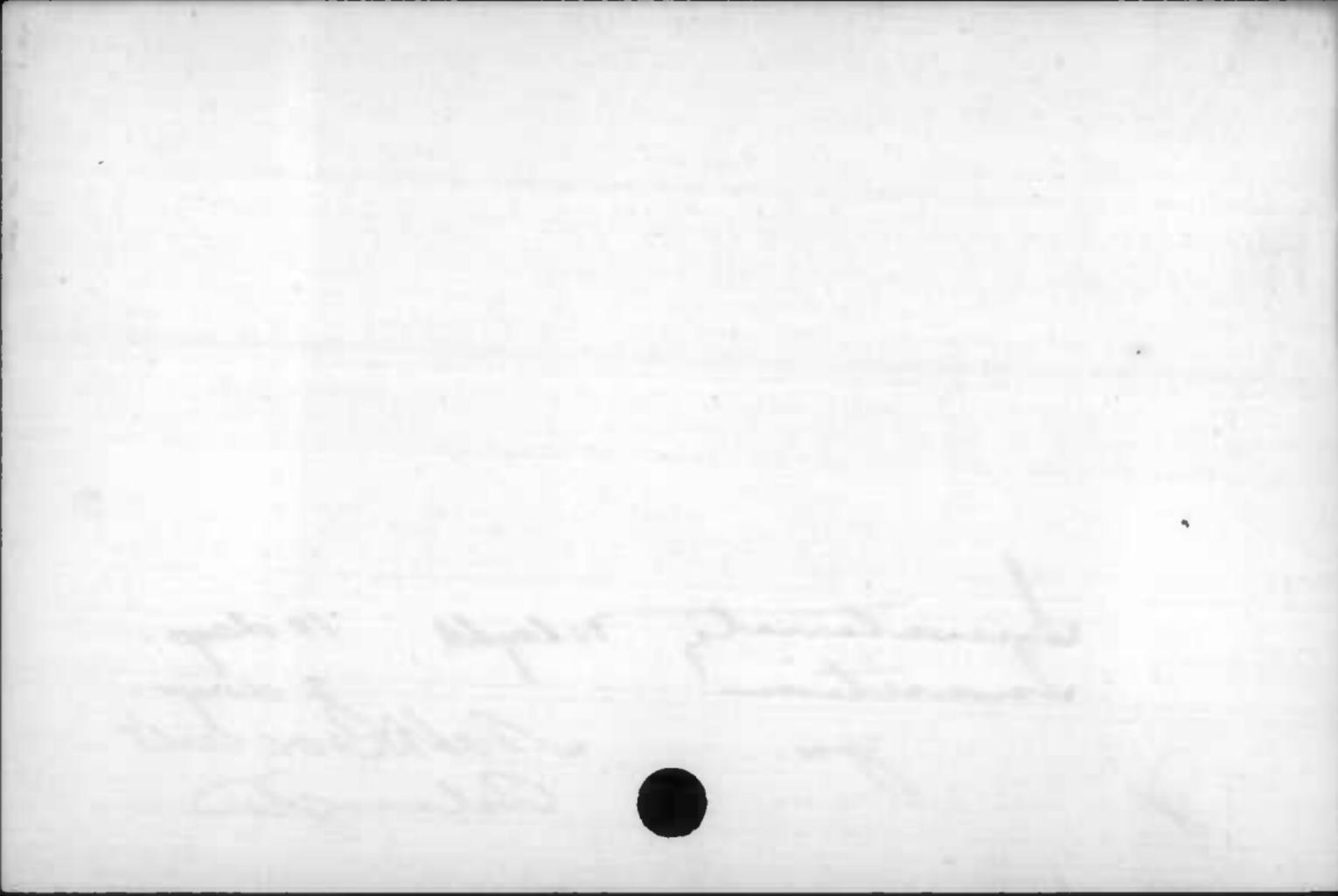
yes

Signature of Physician

Address

J. J. Free Jr.  
Stewartstown Pa.

Accident or Suicide?



Name  
in  
Full

Spear, Lambert G. Spear CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Diad at Town County MARYLAND  
Lutherville Baltimore  
Date Month Day Years Months Days  
of death 1909 Oct 6 65  
Sex Male Color or Race Birth-place  
Occupation White Maryland  
Married, Single Name of Wife or Husband X  
or Widowed Single X  
Father's Name unk Father's Birthplace unk  
Mother's Maiden Name unk Mother's Birthplace unk  
Name of person giving Information — How related to deceased —

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Melanocholia

Immediata

Chronic Bright's Disease

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

120

How long

10 yrs

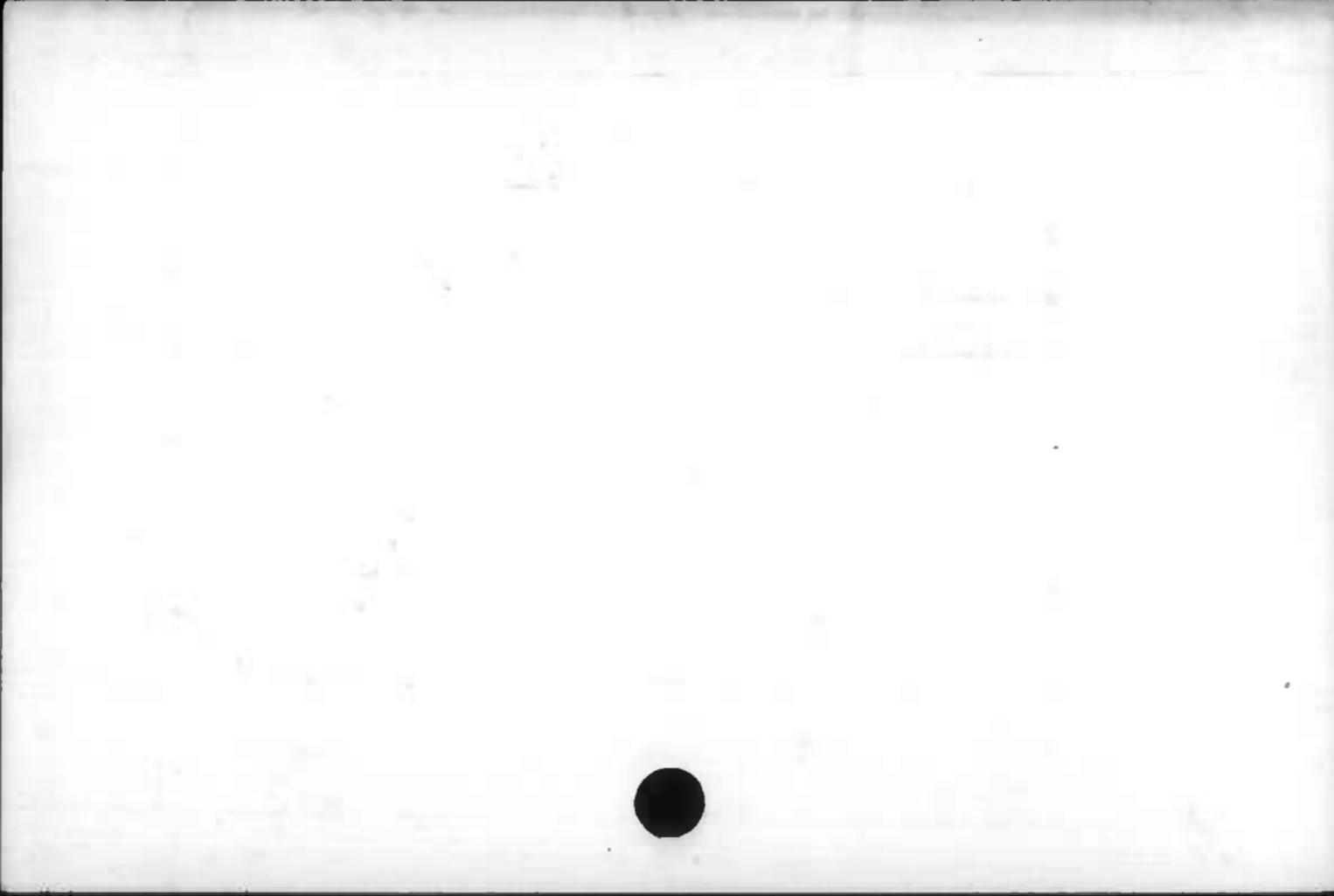
How long

6 mos

Perry Nade  
Baltimore, Md

Occident or Suicide

No



Name  
in  
Full

George Daniel Stagner.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	Age	Birth-place	Balto Co.		
Occupation	Where Residing if not a place of death						
Married, Single or Widowed	Married	Name of Wife or Husband	504 Boundary Ave.,				
Father's Name	Oliza Jane Stagner					Father's Birthplace	Germany
Mother's Maiden Name	Elizabeth					Mother's Birthplace	Germany
Name of person giving information	Mrs Wm H Cole					How related to deceased	daughter.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Arterio-Sclerosis

79

How long

years.

Immediate

Valvular Heart Disease

How long

about 1 year.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Evans,

602. Bator Ave.,

Balto., Md



Accident or Suicide?

Baltimore Cemetery

Oct 11th 1909

H. C. Wiedfeld

914 Greenmount ave

Name  
in  
Full

Lilburn Stansbury

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Year	Month
1909	Oct	13	—	4
Sex	Female	Color or Race	white	Birth-place
Occupation	church	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband		
Father's Name	Edmonson Stansbury			
Mother's Maiden Name	Stetler Campbell			
Name of person giving Information	Emerson Stansbury			

CAUSES OF DEATH

179

Primary

Masassure

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

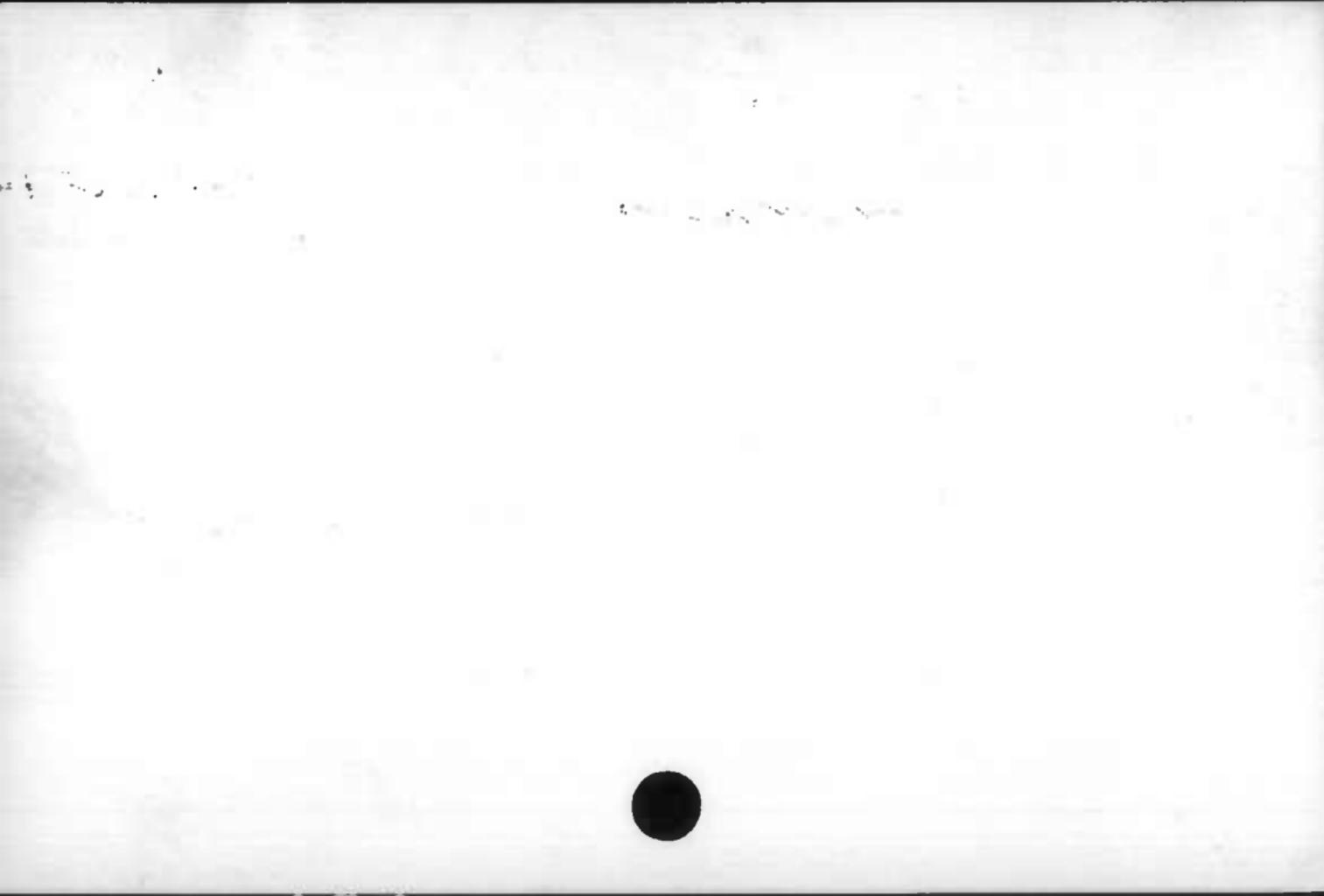
Signature of Physician

Address

John Harmon  
Middlebury

Accident or Suicide

15



Name  
in  
Full

Susannah Stevenson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Towson

Town

County

MARYLAND

Date  
of death 190

Month

Day

Years

Months

Days

9 October 23 37

Age 92

9

7

Sex  
Occupation

Female

Color or  
Race

White

Birth-  
place

Frederick Co.

Mother

Where Residing if not  
at place of death

S Towson

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Mother

Father's  
Name

Edward Stevenson

Father's  
Birthplace

Towson Md.

Mother's  
Maiden Name

Frances Cole

Mother's  
Birthplace

Frederick Md.

Name of person giving  
Information

Jemima Maynard

142

How related  
to deceased

Cousin

Right foot, and leg within three inches of knee

CAUSES OF DEATH

Primary

Sudden Gangrene

How long

27 months

Immediate

Gradual failure ending in stupor.

How long

Four days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

James H. Jarrett  
Towson

Accident or Suicide

PHYSICIAN  
OR CORONER

John Burns Son  
Towson

Instrument at  
Prospect Hill Cem

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

George. P. Stewart

CERTIFICATE OF DEATH

Died at 123 Ashland Av Evergreen Boro Co

MARYLAND

Date of death 1909 Month 9 Day 21 Age 68 Years 9 Months 9 Days 23

Sex Male

Color or Race

white

Birth-place

Baltimore City

Occupation

Jack Smith

Where Residing if not  
at place of death

123 Ashland Av,  
Evergreen Boro  
Co

Married, Single  
or Widowed

Widowed Name of Wife or  
Husband

Deceased

Evergreen Boro  
Co

Father's  
Name

John A. Edwards

Father's  
Birthplace

Baltimore City

Mother's  
Maiden Name

Margaretta Nelson

Mother's  
Birthplace

Baltimore Co

Name of person giving  
Information

Fannie A. Fowler

How related  
to deceased

Daughter

CAUSES OF DEATH

Primary

Heart Disease

93

✓

10 mos.

Immediate

Pneumonia of left lung

How long

2 1/2 days

Are the name, age, sex, color, date  
and place correctly given above?

J

Signature of  
Physician

Address

Edwin B. Fenby  
1219 N. Caroline St

Accident or Suicide

Date of Burial, Oct. 25<sup>th</sup>,  
London Park Cemetery,  
Geo. J. Smith.

Name  
in  
Full

Sarah H. Stokes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND	
Diad at	Roland Park	Baltimore		Montha	Days
Date of death	1909 Oct	Month	Day	Years	
	27		Age	79	4
Sax	Female	Color or Race	white	Birth-places	Maryland
Occupation	Housewife	Where Residing if not at place of death 506 Forest Road			
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	Md
Father's Name	Wm. B Stokes			Mother's Birthplace	
Mother's Maiden Name	not known			How related to deceased	
Name of person giving Information	John Stokes				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Intestinal nephritis

120



How long

6 to 8 months

Immediate

Pulmonary edema

How long

ten days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Henry B. Steward

1007 Cathedral St.

Accident or Suicide

1688 Thomas Gaffey

Heward & Mowen Co.  
Funeral Directors  
218 Park Av.  
Balto. City

for interment in  
Green Mount Cemetery  
October 29<sup>th</sup>/09.

Name  
in  
Full

Amilia F. Strauss

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex Female	Color or Race	White	Birth-place	Germany	
Occupation Housewife	Where Residing if not at place of death			Place of Death	
Married, Single or Widowed Married	Name of Wife or Husband	George F. Strauss	Father's Birthplace	Germany	
Father's Name Ferdinand Michael	Mother's Maiden Name Stark	Mother's Birthplace	Germany		
Name of person giving information C. W. Dill	How related to deceased	Undertaker			

CAUSES OF DEATH

79

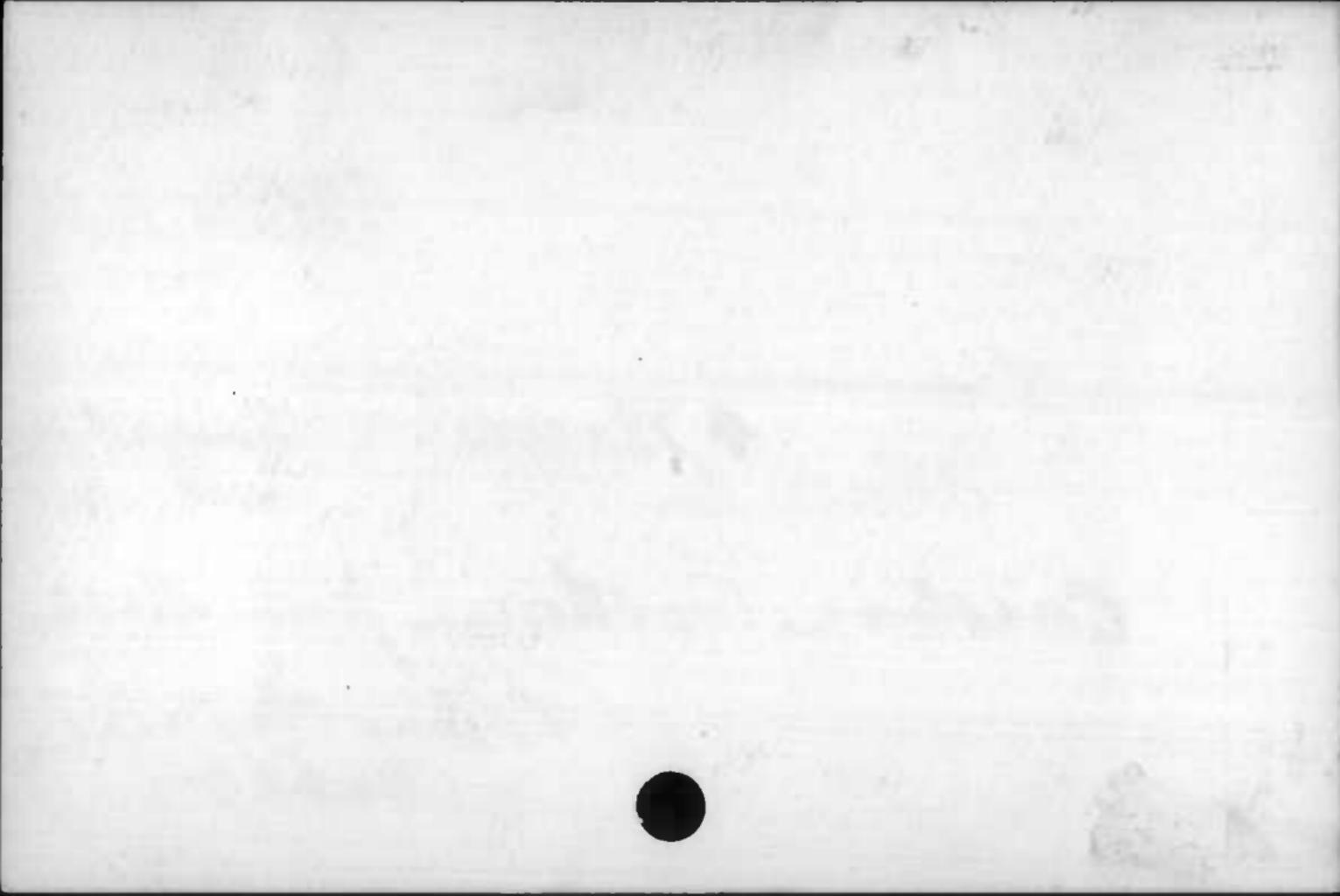
✓

Primary	Valvular Des. of Heart	How long	6 mos
Immediate	Dropsy & Exhaustion	How long	6 wks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	P. S. Dill M.D.

8

Accident or Suicide?

Address  
1833 Lombard St  
Balto Md.



Name  
in  
Full

Charles Russel Sutton

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	White Hall	Town	County	MARYLAND		
Date of death	1909	Month Oct	Day 22	Years —	Months —	Days 19
Sex	male	Color or Race	White	Birth-place	White Hall	
Occupation	—	Where Residing if not at place of death				
Married, Single or Widowed	—	Name of Wife or Husband	—	Father's Birthplace	Taylor Bar Co	
Father's Name	J. Thomas Sutton			Mother's Birthplace	Trump Bals.	
Mother's Maiden Name	George A. Brewer			How related to deceased	Nephew	
Name of person giving information	Charles Cuddy			How long		

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary

Cardiac Asthma from bulk

Immediate

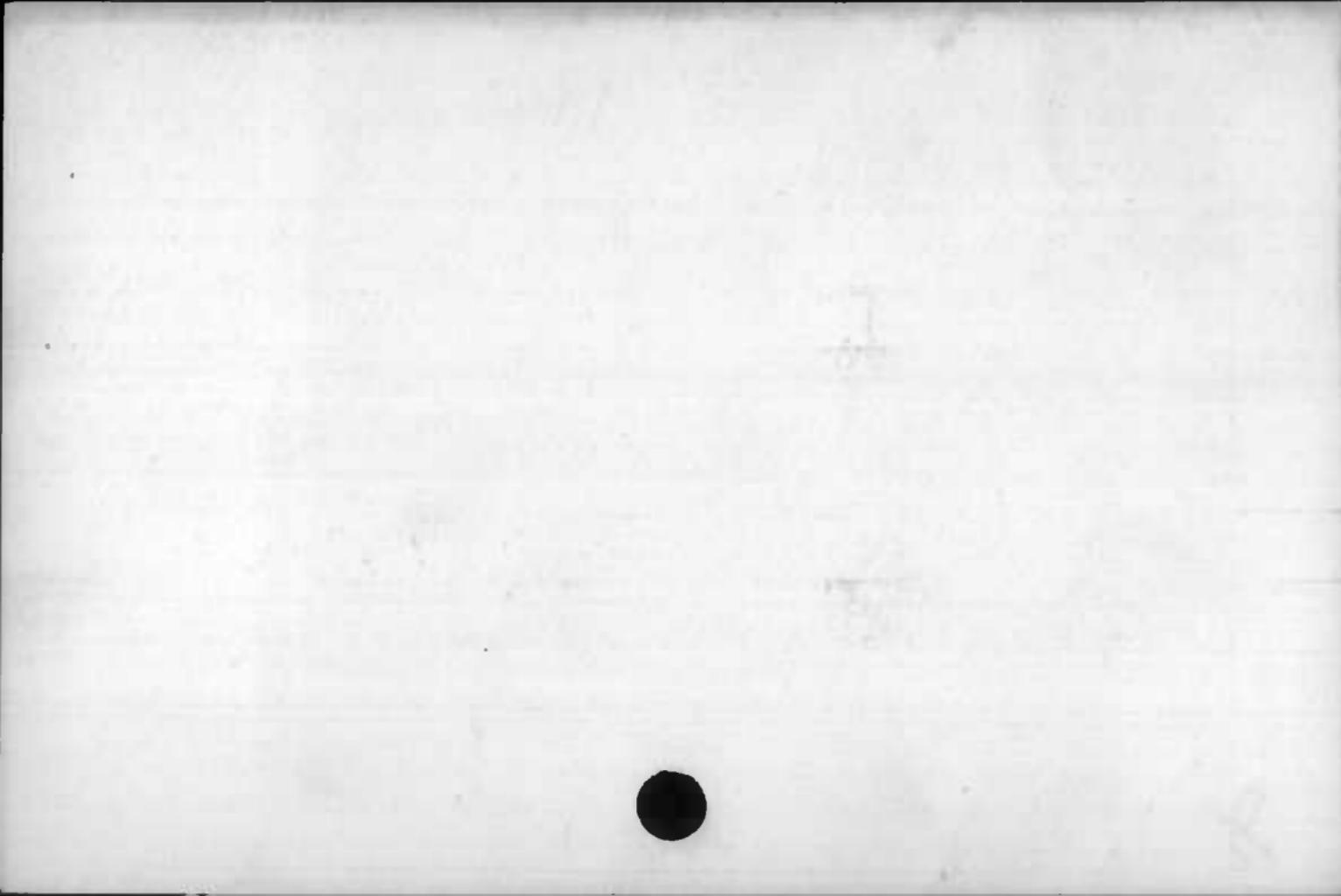
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Ross Payne  
Corlett

Accident or Suicide?



Name  
in  
Full

Etta May Tappman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND	
Died at	Dickeyville	Baltimore			
Date of death	1909 Oct	Month	Day	Years	Months
		15		25	9
Sex	Female	Color or Race	White	Birth-place	Dickeyville
Occupation	Hausestatis	Where Residing if not at place of death			Dickeyville
Married, Single or Widowed	Widowed	Name of Wife or Husband	Henry J Tappman	Father's Birthplace	Howard County
Father's Name	Tappman R Sakers			Mother's Birthplace	Baltimore
Mother's Maiden Name	Amanda M Proctor			How related to deceased	Sister
Name of person giving Information	Martha E. McGinnis				

CAUSES OF DEATH

27

✓

How long

15 mon

Primary

Pulmonary Tuberculosis

Immediate

Cardiac Arrest

How long

Immediately

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address



A. C. Smith  
Woodlawn Sta.  
Md.

J

Accident or Suicide

—

London Park  
Jos B. Cook -

Name  
in  
Full

Isabelle Louise Thomas.

CERTIFICATE OF DEATH

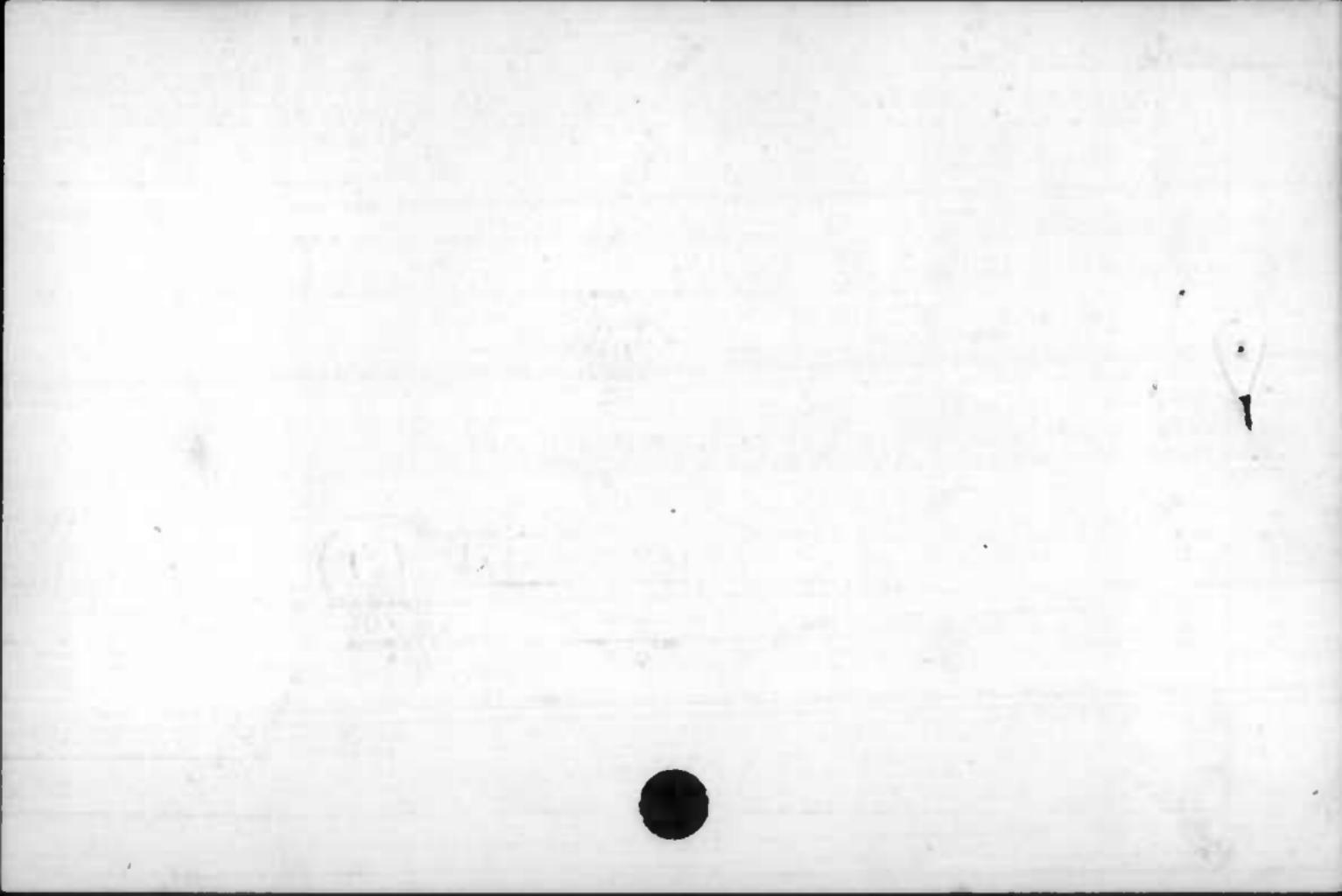
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months
Sex	Color or Race	White	Birth-place	Arlington Md.	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Arlington			
Father's Name	Off Thomas.				
Mother's Maiden Name	Grete Trotter				
Name of Person giving Information	Grete Trotter				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Morasimus		151	✓
Immediate	Heart failure.		How long	2 weeks.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long	6 hours.
J.		Address	Arlington Md. Arlington 3	
Accident or Suicide?				



Name  
in  
Full

Margaret Brautner

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Vreich Brautner			
Father's Name	Johann Leibert			Father's Birthplace	Germany
Mother's Maiden Name	Not Known			Mother's Birthplace	Not Known
Name of person giving information	Emma Metzger			How related to deceased	Daughter

CAUSES OF DEATH

93

Primary

Pneumonia

How long

2 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E.W. Delchow M.D.  
2250 E. Hoffman

Accident or Suicide?

D. Schleicher  
Patterson Park Ave.  
Baltimore Md

H. Williams dear  
Oct 29/69  
Enclosed are some  
of my specimens

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Frank Underly  
Died at Sparrows Point Baltimore.

CERTIFICATE OF DEATH

MARYLAND

Days

Died at Sparrows Point Month Day Years  
Date of death 1909 Oct. 21 Age 36

Month

Days

Sex Male Color or Race White

Birth-place Foreign (Russia)  
<sup>suspect</sup>

Occupation Labourer

Baltimore

Married, Single or Widowed Married Name of Wife or Husband

Where Residing if not  
at place of death

Unknown

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving Information Joe Blaw

How related to deceased  
None

CAUSES OF DEATH

Primary Accidental fall in  
Immadiata fire from one

166  
How long

How long

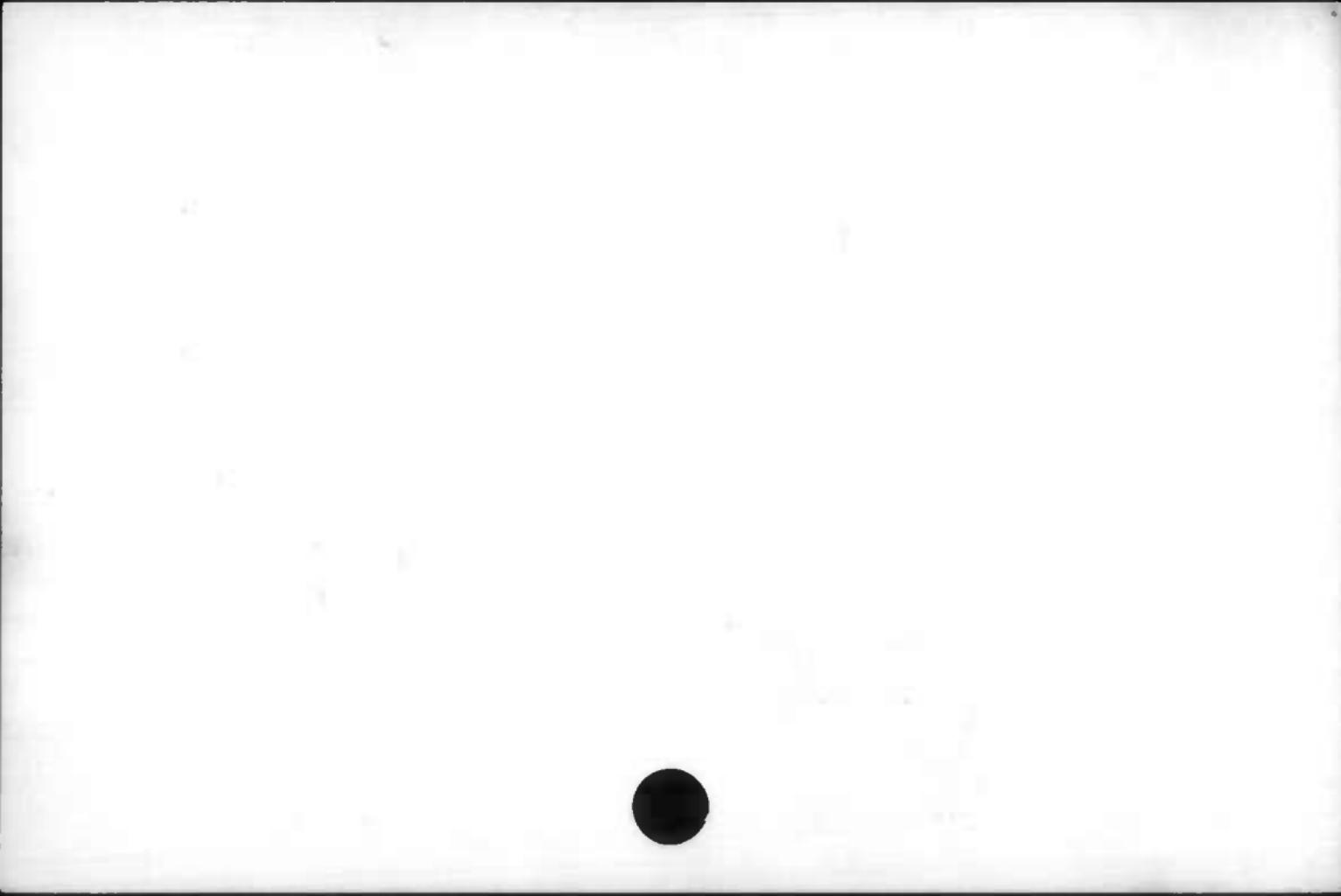
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Joe Blaw  
Sparrows Point  
Md. 15

Occident or Suicide  
Accident



Name  
in  
Full

David Vogel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Highlandtown Town County Balto.

MARYLAND

Date of death 1909 Oct. Month Day 21 Age 58 Years

Months — Days —

Sex Male Color or Race White

Birth-place Germany

Occupation

Bricklayer

Where Residing if not  
at place of death

502 S. Bouldnor

Married, Single  
or Widowed

Married Name of Wife or  
Husband

Christina Vogel

Father's  
Name

Dont. Know

Father's  
Birthplace Germany

Mother's  
Maiden Name

" "

Mother's  
Birthplace Germany

Name of person giving  
Information

Christina Vogel

How related  
to deceased Wife.

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Cancer of Stomach

40

How long

Immediate

Exhaustion

8mo

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Addre

Hawner  
320 Highland Ave

Accident or Suicide

no

Lilly and Geier  
Undertakers  
Oak Lawn Cemetery  
Oct. 24<sup>th</sup> 1909.

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

John Henry Walzay

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1909	Month Oct	Day 14	Years 45	Months 4	Days —
Sex	White Male	Color or Race	White	Birth- place	Balto	
Occupation	Farmer			Where Residing if not at place of death	Quakers Hill	
Married, Single or Widowed	Married	Name of Wife or Husband	Margret Walzay	Father's Name	German	
Father's Name	Frederick Walzay			Mother's Birthplace		
Mother's Maiden Name	Margret W (don't know)			Mother's Name	Germany	
Name of person giving Information	Margret Sauter			How related to deceased	not at all	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tetanus

72

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

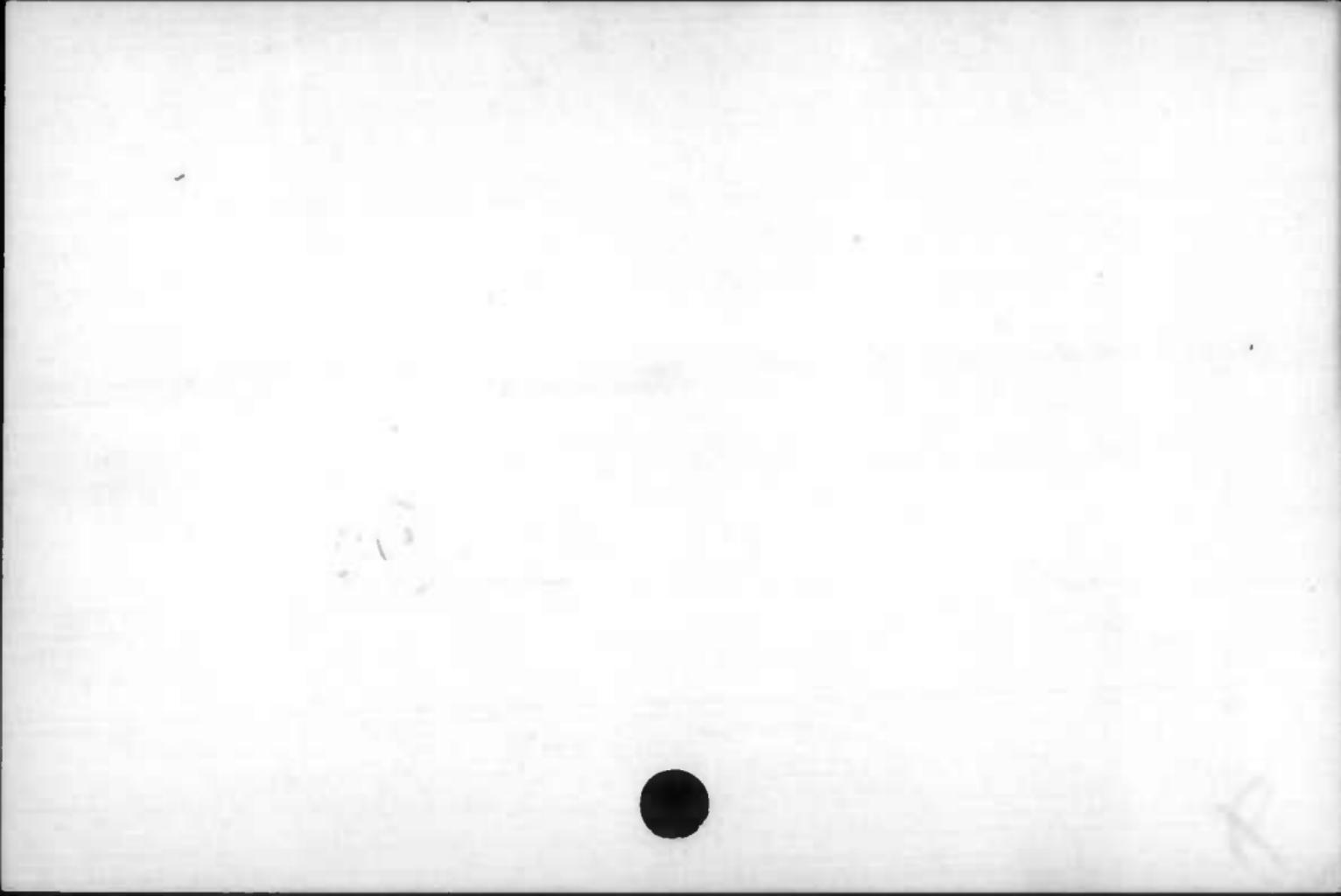
Address

Fred Frederick M.D.

Alberton 145 N.W.  
Howard Co.

Accident or Suicide?

No



Name  
in  
Full

Josephine Hartis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Age	Color or Race	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information	How related to deceased		

St Denis Baltimore 2<sup>nd</sup> 1909 10 10 12 2 5  
female Colored St Denis  
None  
None  
Charles Hartis Maryland  
Matilda Brown Va  
Frank Hartis Brother  
101 ✓

PHYSICIAN  
OR CORONER

Primary

Tonsilitis

CAUSES OF DEATH

Immediate

Strangulation

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. H Tongue  
Elk Ridge  
Md 13



Accident or Suicide

G. A. Earp

Eck Ridge

Name  
in  
Full

Luther C. Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County			
Sparrows Point -		Baltimore.			MARYLAND	
Date of death	1909	Month	Day	Years	Months	Days
Sex	male	Color or Race	white		Birth-place	Md.
Occupation	Ship carpenter		Where Residing if not at place of death	Deals Island Md.		
Married, Single or Widowed	Married	Name of Wife or Husband	Adeline Walter Webster			
Father's Name	Sam'l S. Webster		Father's Birthplace	Md.		
Mother's Maiden Name	Jane Shorey		Mother's Birthplace	Md.		
Name of person giving information	Sam'l C. White		How related to deceased	Brother-in-Law		

CAUSES OF DEATH

Primary  
Accidentally run over  
by moving crane.

166

How long

✓

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

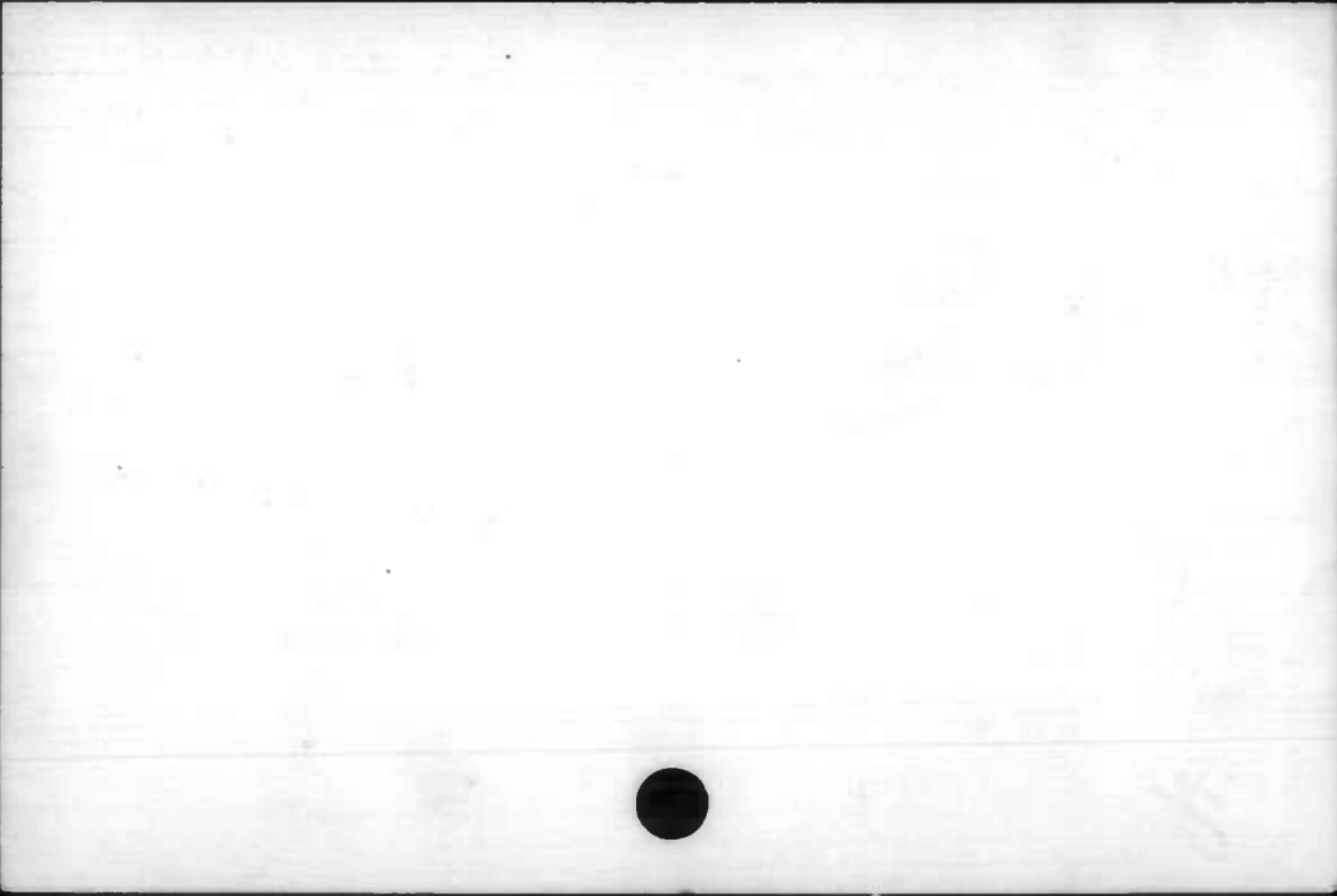
Address

Jos Blair (coroner)  
Sparrows Point  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

J



Name  
in  
Full

Henry F. Wegner

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Pikesville	Baltimore		
Date of death	Month	Day	Month
1909	10	5	
Age	Years	Days	
Sex	Color or Race	Birth-place	
Male	White	Baltimore City	
Occupation	Where Residing if not at place of death		
Peddler	Pikesville		
Married, Single or Widowed	Name of Wife or Husband	Do Not Know	
Widower			
Father's Name	Do Not Know		
Mother's Maiden Name	Do Not Know		
Name of person giving Information	Chas. Dallam		
Father's Birthplace	Do Not Know		
Mother's Birthplace	Do Not Know		
How related to deceased	None		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

General Debility

Immediate

Paralysis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide

Address

(66)

How long

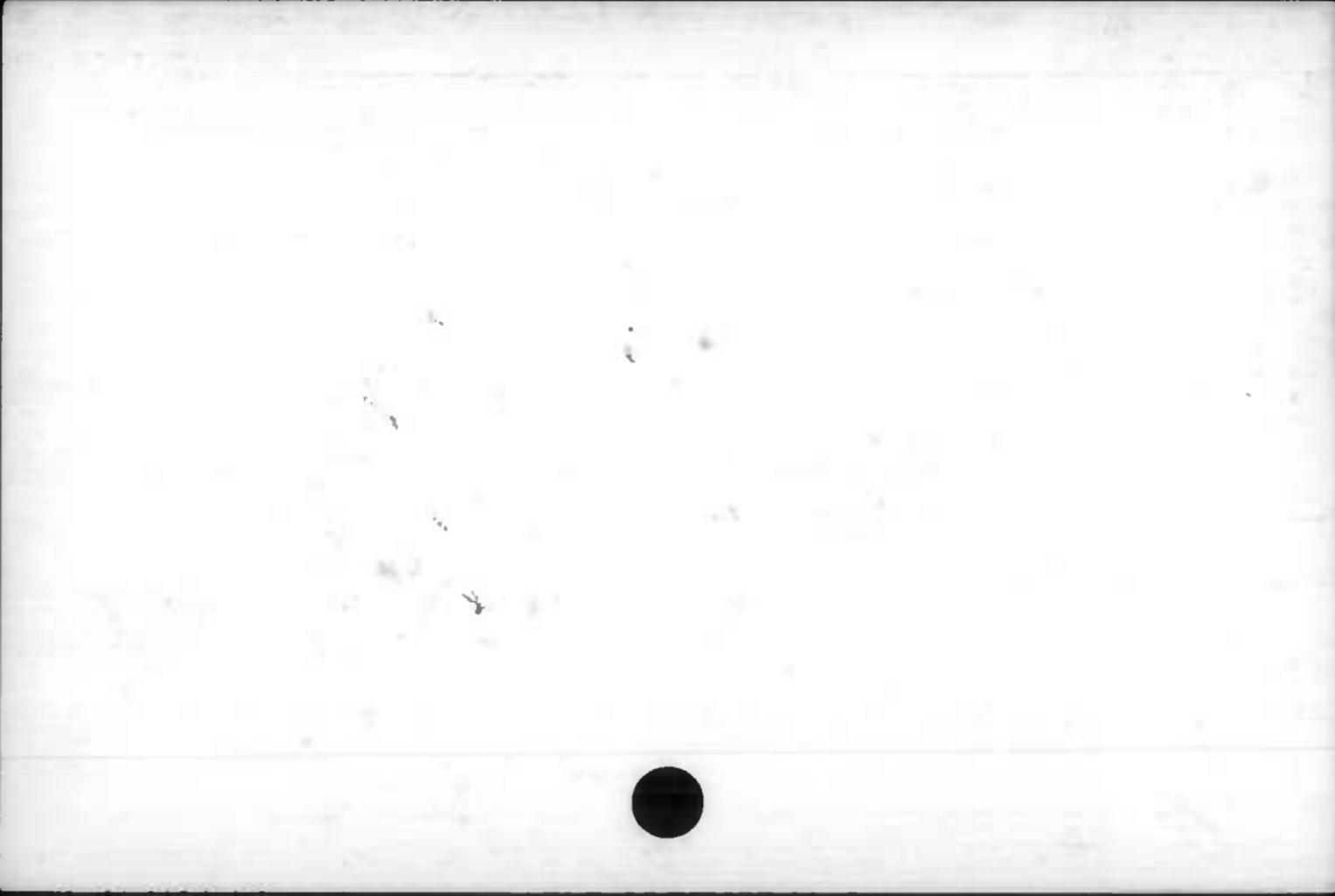
several months

How long

a few days

V

Woodman  
Pikesville Md.



Name  
in  
Full

Uller West

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Diad at	Baldo.				
Date of death	Month	Day	Years	Months	Days
1909	Oct.	2	79.	~	~
Sex	Color or Race	Age	Birth-place		
Female	white	79.	Germany		
Occupation	House Wife				
Married, Single or Widowed	Name of Wife or Husband				
Married	Bernard West				
Father's Name	Nat Known				
Mother's Maiden Name	Nat Known				
Name of person giving Information	Bernard West				
Where Residing if not at place of death					

Father's Birthplace not known  
Mother's Birthplace not known  
How related to deceased Husband

PHYSICIAN  
OR CORONER

CAUSES OF DEATH  
Primary Cancer of stomach, liver  
and mesenteric glands

exhaustion

How long.

12 months +

Immediate

40

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide

Arthur Williamson D



Name  
in  
Full

Medessa Isabella White

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Lowers

County

Baltimore,

MARYLAND

Date  
of death

1909 Oct.

Month

Day  
18

Year

Months

Days

Age

—

Sex

Female

Color or  
Race

Col

Birth-  
place

md

Occupation

Infant

Where Reading if not  
et place of death

Lowers

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Single

Father's  
Birthplace

va

Father's  
Name

Rufus White

Mother's  
Birthplace

md

Mother's  
Maiden Name

Medessa Cooper

How related  
to deceased

father

Name of person giving  
Information

Rufus White

CAUSES OF DEATH

Primary

Congenital debility

151

How long

48 hours

Immediate

Cardiac asthma

How long

48 hours

Are the name, age, sex, color, date  
and pleca correctly givan above?

yes

Signature of  
Physician

Address

J. Gaynor Green Jr.  
Lowers md

PHYSICIAN  
OR CORONER

Accident or Suicide

No

B. Et Elliott  
506 Rogers av  
Sunday Bottom

Sandy Bottom County

Name  
in  
Full

Ellen A Whitworth

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Town	County			
Died at Hammonville	Baltimore			
Date of death 1909 Oct 23	Month Day	Years 39	Months 1	Days 7
Sex Female	Color or Race white	Birth-place Arney Mills		
Occupation Housewife	Where Residing if not at place of death Hammonville			
Married, Single or Widowed Married	Name of Wife or Husband Harry J Whitworth			
Father's Name Rudolph Pick	Father's Birthplace Europe			
Mother's Maiden Name Emma J Blackley	Mother's Birthplace Baltic			
Name of person giving information Harry J Whitworth	How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Influenza

①  
How long

25

Immediate

Cardiac Insufficiency (Influenza)

How long

22 days

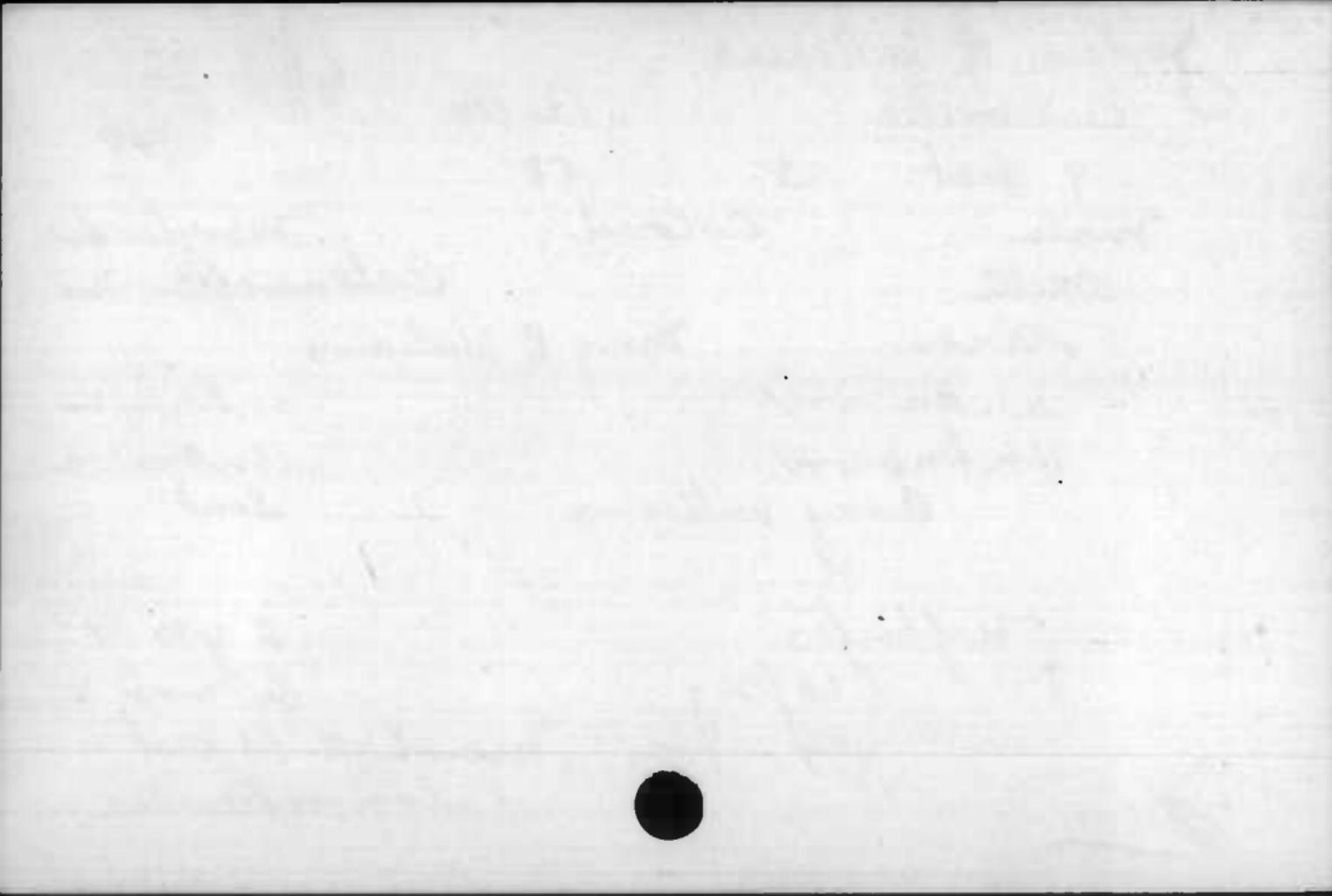
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Roslyn  
Balt of 719. 1/

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Joshua R Williams

Town

Died at Catonsville

County

Baltimore

CERTIFICATE OF DEATH

MARYLAND

Date

of death

Month

Day

Years

Age

58

Month

Days

1909

Oct

8

-

Sex

male

Color or  
Race

Colored.

Birth-  
place

Maryland

Occupation

Waiter

Where Residing if not  
place of death

Catonsville Md

Married, Single  
or Widowed

widower

Name of Wife or  
Husband

Mary E Williams

Father's  
Birthplace

Unknown

Father's  
Name

unknown

Mother's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown.

How related  
to deceased

Son

Name of person giving  
Information

Carry Williams

CAUSES OF DEATH

Primary

Nephritis

120

✓

Immediate

Drapery

How long

2 yrs

Are the name, age, sex, color, date  
and place correctly given above?

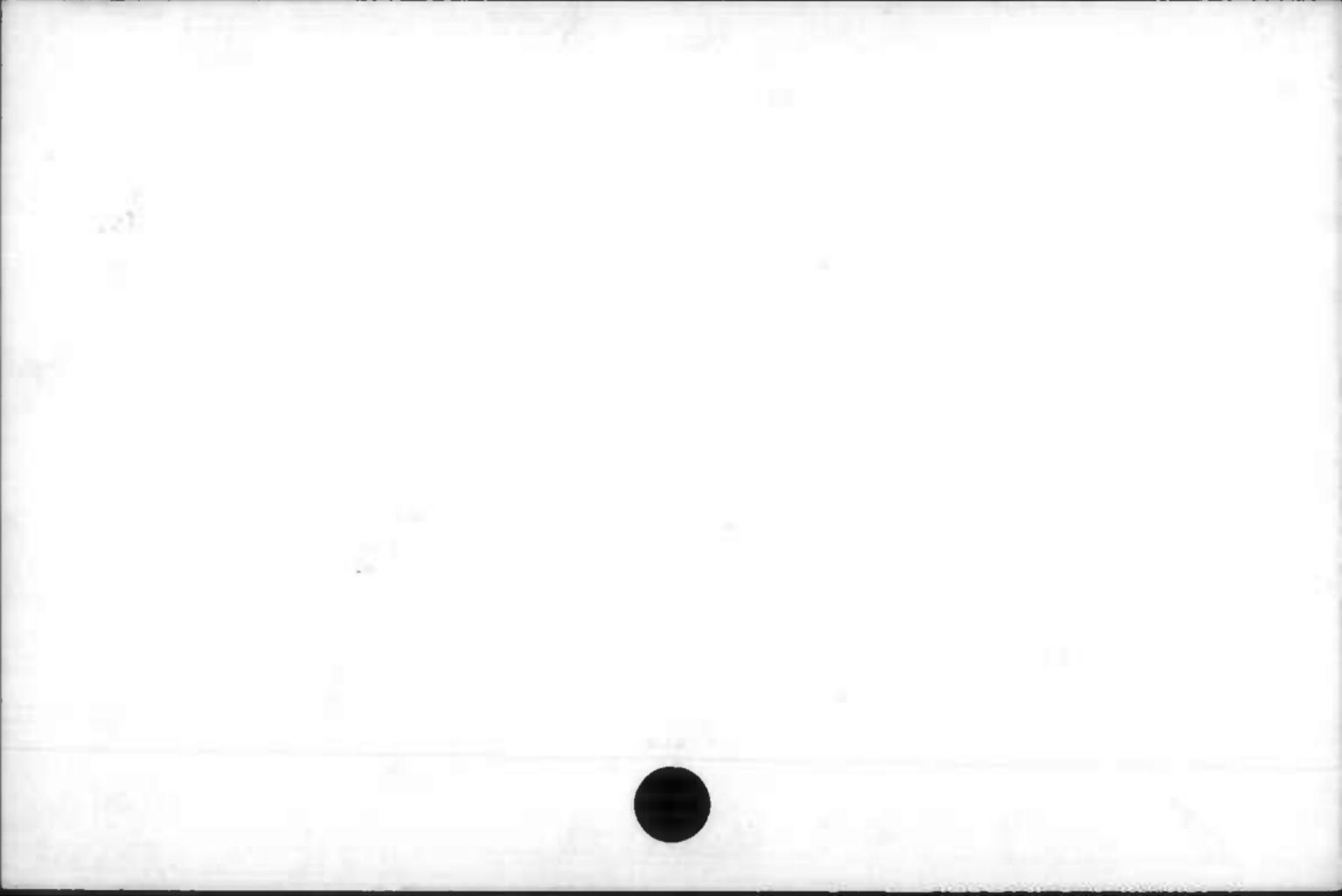
Signature of  
Physician

Address

2 mos.

J  
Accident or Suicide

Marshall 13 West-  
Catonsville Md.



Name  
in  
Full

Miss Eliza P. Williar

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
St. Agnes' Hospital	Baltimore		Months	Days	
Date of death	Month	Day	Age	Years	-
1909	Oct.	6	55	-	
Sex	Female	Color or Race	White	Birth-place	Baltimore.
Occupation	None	Where Residing if not at place of death	11-C. Eager St.		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Unknown	Father's Birthplace	Unknown		
Mother's Maiden Name	"	Mother's Birthplace	"		
Name of person giving Information	Hospital Record	How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Chronic Nephritis

120



How long

4 years.

Immediate Nephritis

How long

7 days.

Are the name, age, sex, color, date and place correctly given above?

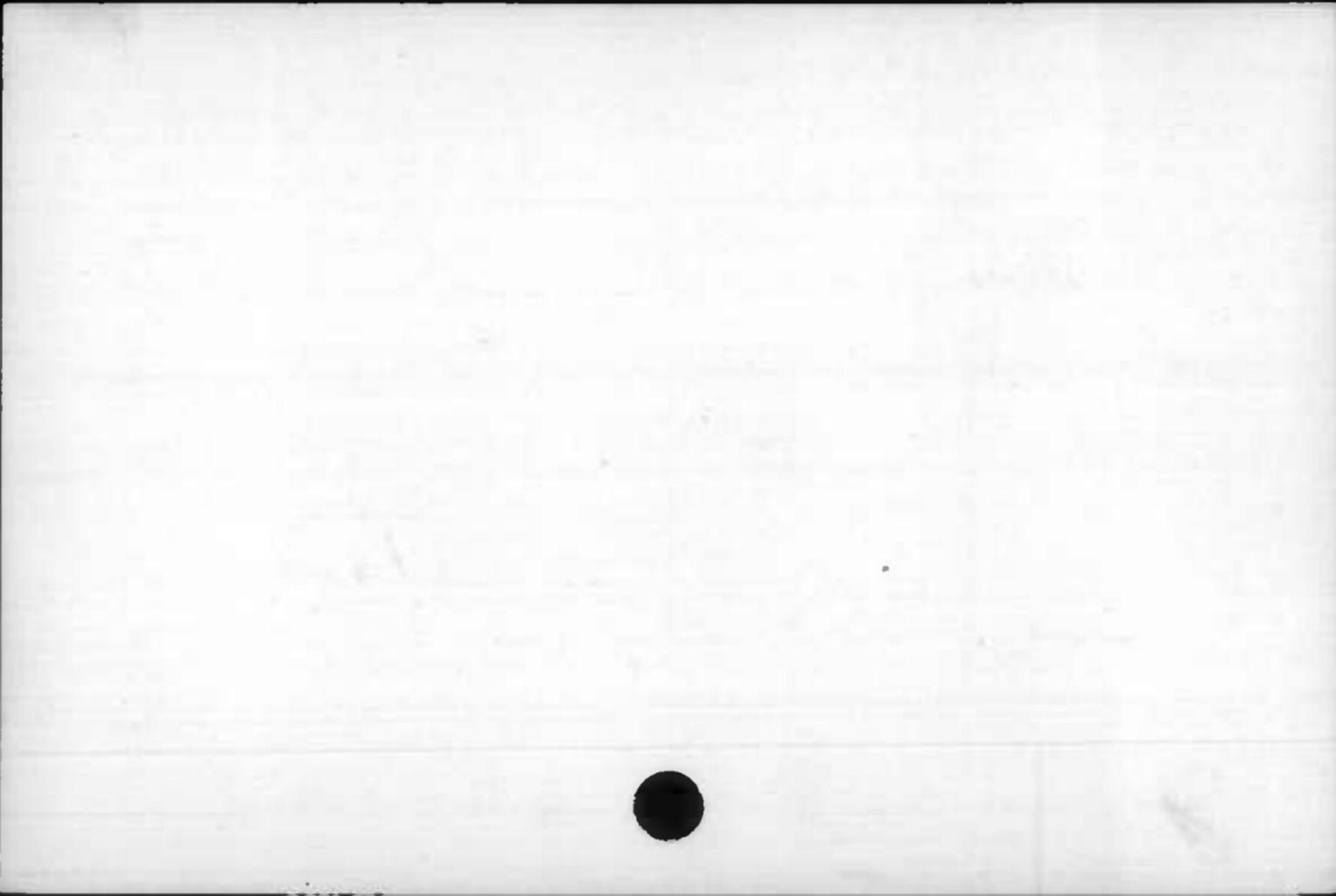
Signature of Physician

Address

Allen Graham M.D.  
St. Agnes Hospital



Accident or Suicide?



Name  
in  
Full

William A. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Pikesville	Baltimore		Months	Days	
Date of death	Month	Day	Years	Months	Days
1909	10	20	57		
Sex	Color or Race	Birthplace			
Male	White	Maryland			
Occupation	Where Residing if not at place of death				
Civil Engineer	Pikesville				
Married, Single or Widowed	Name of Wife or Husband	Do not know			
Married					
Father's Name	Do not know				
Mother's Maiden Name	Do not know				
Name of person giving information	R. C. Atkinson				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Serious delirium

70

How long

surreptitiously

Immediate

Nunnequin

How long

about 1 week

Are the name, age, sex, color, date and place correctly given above?

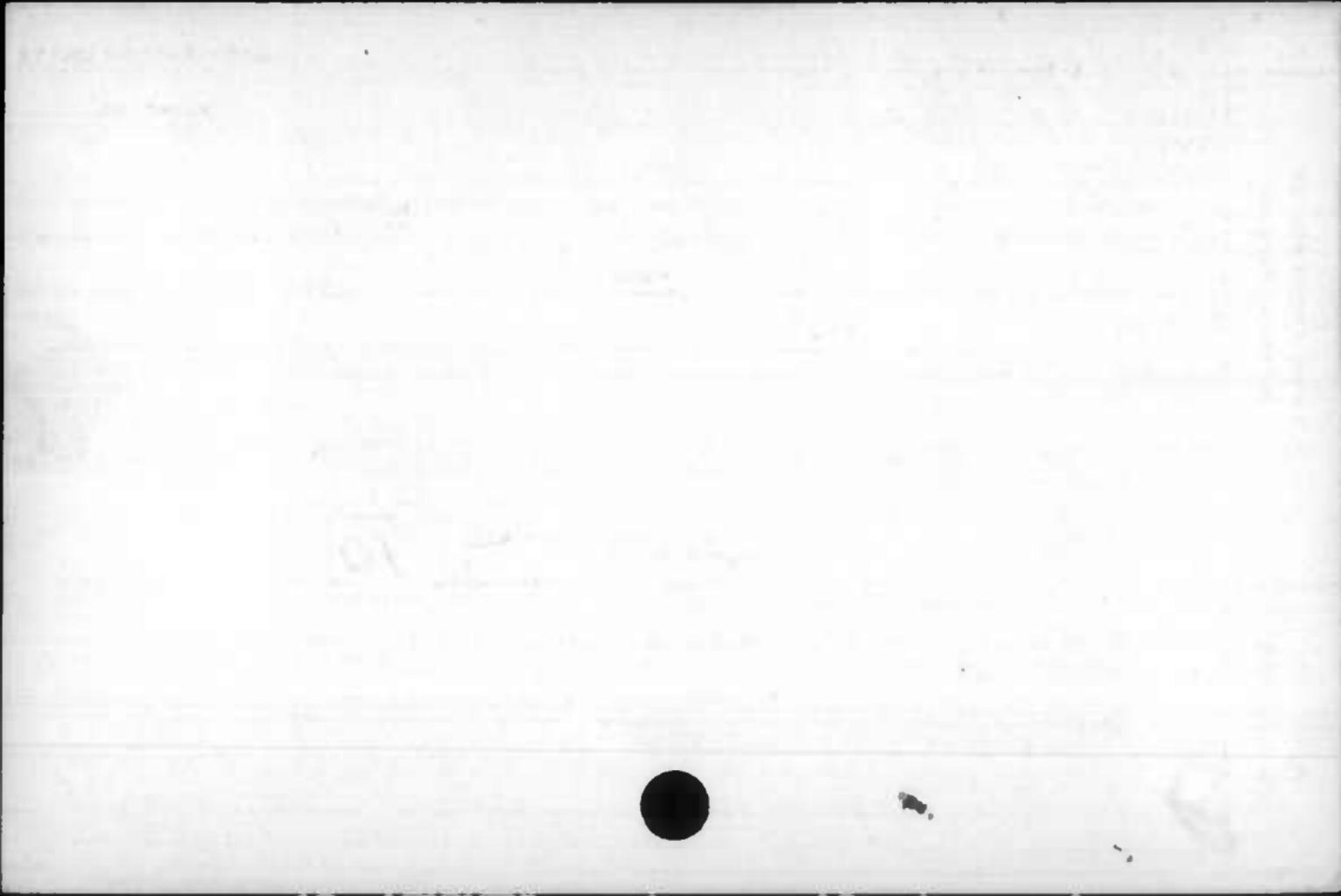
yes

Signature of Physician

Address

MEMO  
Pikesville Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Florence E. Worthington

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

St Georges

County

Baltimore

Date  
of death

Month

Day

1909 Oct 16

Years

Age 68

Months

Days

Sex  
Occupation

Color or  
Race

Female white  
House wife

Birth-  
place

Toledo Ohio

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married Name of Wife or  
Husband

Thomas S. Worthington

Father's  
Name

Dr Charles Mc Sean

Father's  
Birthplace

washington DC

Mother's  
Maiden Name

Margrett M Campbell

Mother's  
Birthplace

St. Louis

Name of person giving  
Information

Helen H Dambmann

How related  
to deceased

sister ✓

CAUSES OF DEATH

Primary

Acute indigestion

104

How long

3 hours ✓

Immediate

Cardiac Dilatation

How long

Instantly ✓

Are the name, age, sex, color, date  
and place correctly given above?

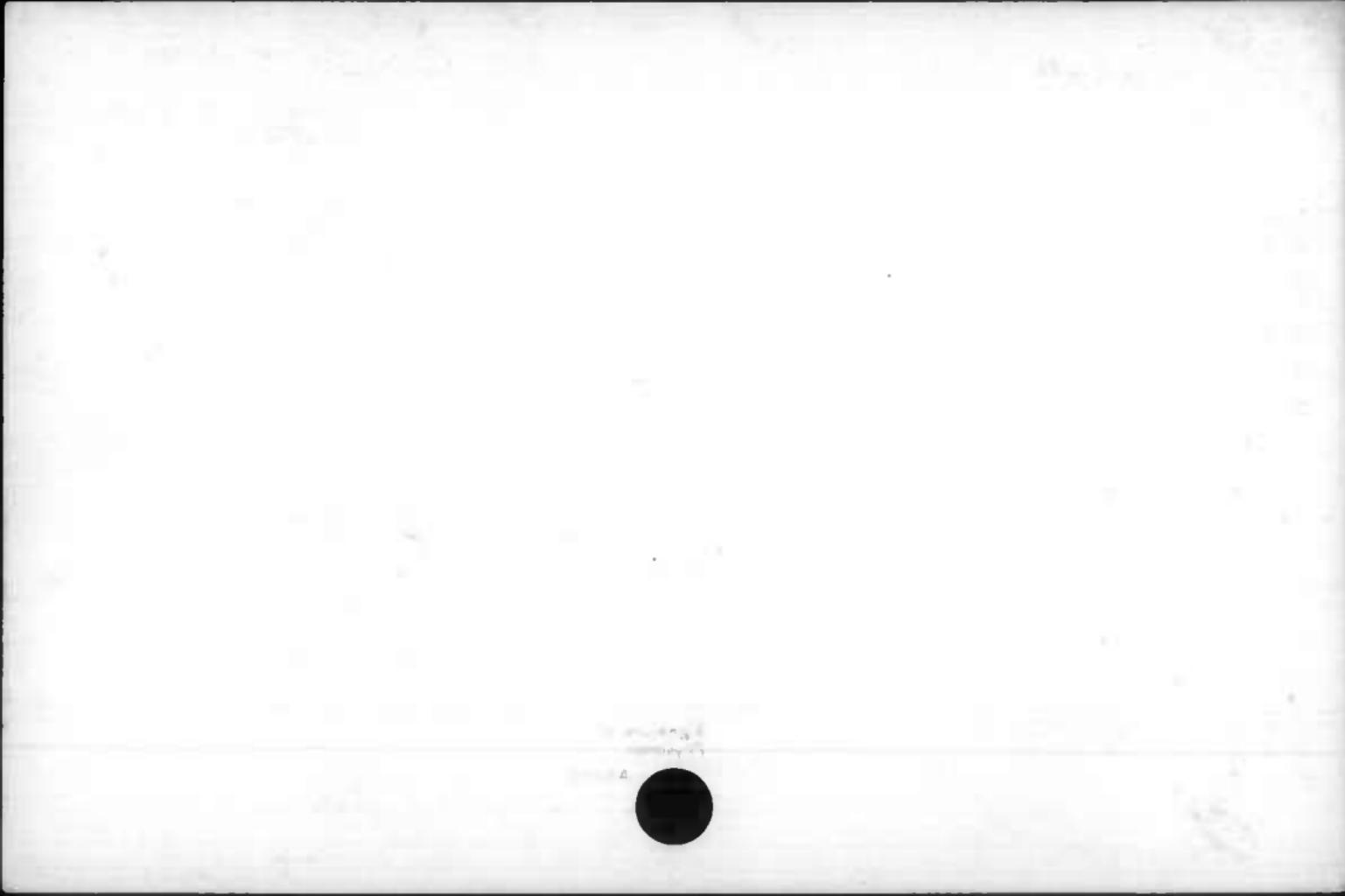
Yes

Signature of  
Physician

Address

James Gorack M.D.  
Prestonstone Md. ✓

Accident or Suicide



Name  
in  
Full

Frances Ziegeneheim

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <i>Birkdaleton</i>	County <i>Baltimore</i>	MARYLAND			
Date of death	Month <i>Oct</i>	Day <i>31</i>	Age <i>50</i>	Years	Months <i>2</i>	Days <i>8</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth- place	<i>Md</i>	
Occupation	<i>Housekeeper</i>			Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>John Ziegeneheim</i>			
Father's Name	<i>Phos. A. W. Abbe</i>			Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Mary A. Wieslison</i>			Mother's Birthplace	<i>Md</i>	
Name of person giving Information	<i>John Ziegeneheim</i>			How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Acute nephritis*

119

How long

*one week*

Immediate

*Uramic Coma*

How long

*one day*

Are the name, age, sex, color, date  
and place correctly given above?

*Yrs*

Signature of  
Physician

Address

*David W. Jones*  
*31 No 8th Street*

*J*

Accident or Suicide

Dr John

Mr. Cannon Leon  
Nov 3 1909

Kardon Son

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Mozelle Zimmerman

Town

County

Died at

Erlington

Baltimore

Date  
of death

1909

Month

Oct 14

Day

Years

9

Months

2

Days

23

Age

Sex

Female

Color or  
Race

White

Birth-  
place

Birth-  
place

Occupation

None

Where residing if not  
at place of death

Baltimore City  
Place of Death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Nelson Zimmerman

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Alma Fetterhoff

Mother's  
Birthplace

Baltimore City

Name of person giving  
Information

This Mother Fetterhoff

How related  
to deceased

Aunt

CAUSES OF DEATH

Primary

Typhoid Fever

1

How long

10 Weeks

Immediate

" "

How long

10 Days

Are the name, age, sex, color, date  
and place correctly given above?

J

Signature of  
Physician

Dr. A. L. FETTERHOFF, M. D.

Accident or Suicide

No

N. E. Cor. Lafayette & Carrollton Aves.

BALTIMORE, MD. U.S.A.  
OFFICE SUPPLY CO. 6-20-08

London Park Cen  
Jos. B. Cook.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Richard Zouck			Father's Birthplace	Baltimore Md.
Mother's Maiden Name	Catherine Dorsey			Mother's Birthplace	Cecil Co Md.
Name of person giving information	Catharine Zouck			How related to deceased	Mother

## CAUSES OF DEATH

79

V

2 years

How long

5 to 10 minutes

PHYSICIAN  
OR CORONER

Primary Cardiac Disease of Heart

Immediate Angina Pectoris

Are the name, age, sex, color, date and place correctly given above?

Yes

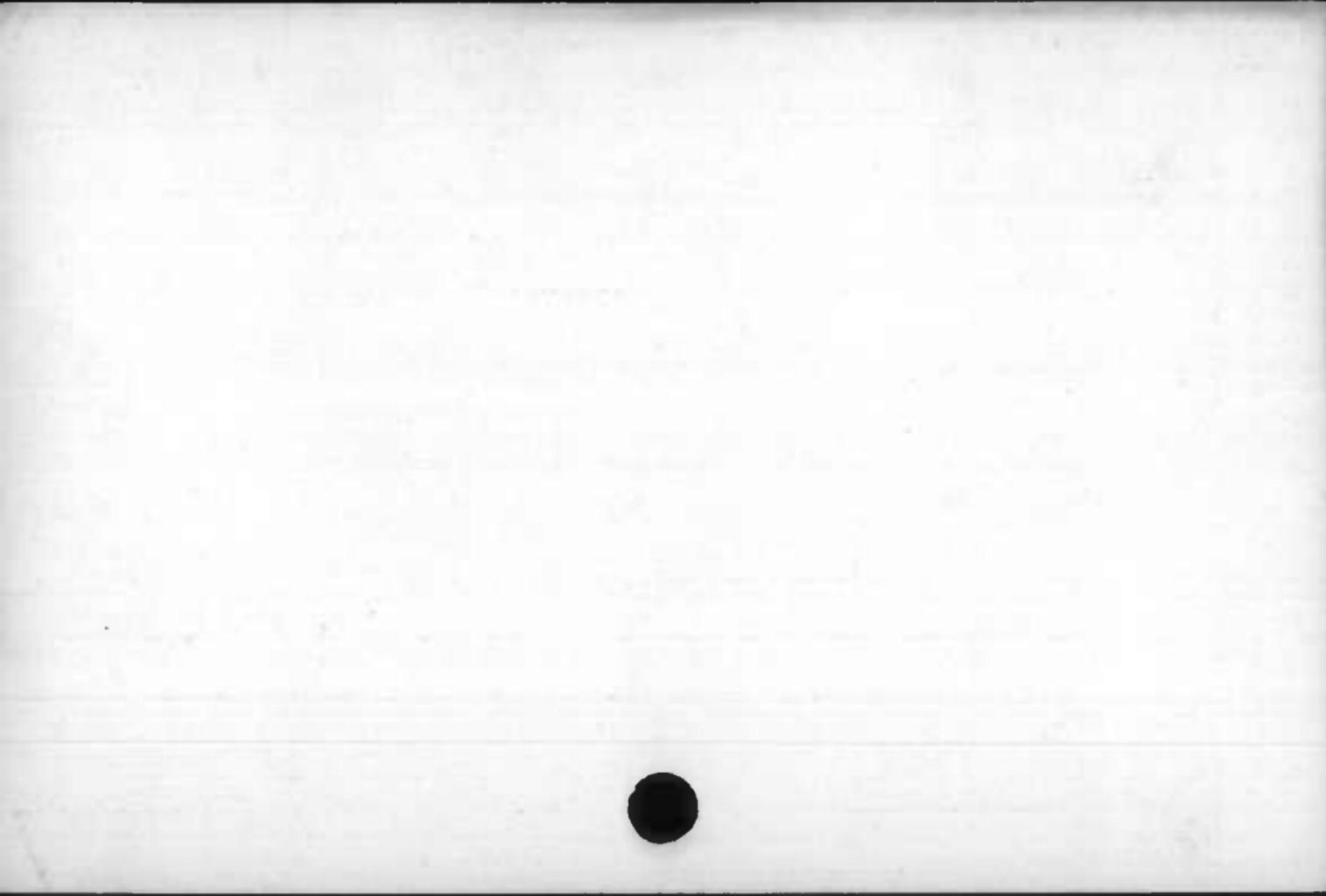
Signature of Physician

Address

A. R. Mitchell  
Mountaineer,  
P. O. Box 2, M. D.

J

Accident or Suicide?



Name  
in  
Full

Unknown Cold man

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	about 10	-	-
Occupation	Where Residing if not place of death				
Married, Single or Widowed -	Name of Wife or Husband	R.R.			
Father's Name	R.R.				
Mother's Maiden Name	R.R.				
Name of person giving Information	R.R.				
Primary	CAUSES OF DEATH				
Immediate	Brain				
Are the name, age, sex, color, date and place correctly given above?	30 days				
Accident or Suicide	Influenza				
Signature of Physician					
Address					



166

Hundertäste.

Nicholas S. Smith

Mt. Zion Cemetery

Name  
in  
Full

Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Town

County

Longview, Bro R.R. & Ball

Date  
of death

190

Month

Oct

Day

26

Years

About 60

Month

Days

Sex

Male

Color or  
Race

American

Birth-  
place

Unknown

Occupation

Unknown

Where Residing if not  
at place of death

Unknown

Married, Single  
or Widowed

Unknown

Name of Wife or  
Husband

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

How related  
to deceased

164

How long

Primary

Fracture of skull due to being  
struck by R.R. Train

How long

Immediate

Coron

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. S. Sudler M.D.

3323 E. Balto

PHYSICIAN  
OR CORONER

Incident

Accident or Suicide

Oak Lawn Cemetery  
Anotimal Board  
John Sternig & Son

10/37/09 7/15/69